Making sense of loss, stress, resilience, empowerment, perception of resources, and health in grandparents raising grandchildren

by

Jessie L. Piper

B.S., Kansas State University, 2011
M.S., Kansas State University, 2015

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

DOCTOR OF PHILOSOPHY

School of Family Studies and Human Services
College of Health and Human Sciences

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Abstract

In 2012, 10% of children in the US lived with a grandparent, rising from 7% in 1992; 2.7 million grandparents were raising their grandchildren and about 39% of these grandparents had been doing so for 5 years or more. Although there are many benefits of grandchildren living with their grandparents (e.g., love, structure, safety, maintenance of connections), the events leading up to the transition are often traumatic and/or unanticipated, which compounded by the responsibilities of caregiving, can leave grandparents feeling loss and stress. In this study, family stress theory was used to explore the relationships between grandfamily demographics; various characteristics (e.g., length of caregiving, number and ages of grandchildren, etc.); their experience of loss, stress, resilience, and empowerment; their perceived informal supports and formal resources; and their overall health. Hypotheses were tested using multiple regression, hierarchical regression, and path analysis. Results indicate that age, marital status, rurality, custody arrangement, and parental involvement all might play a role in predicting stress, loss, empowerment, perceived informal resources, and perceived formal resources. Income and parental involvement might also play a role in predicting grandparent health before and while raising their grandchild(ren). The role of perception of informal resources as it relates to loss, stress, resiliency, and empowerment indicate that having personal supports, such as family and friends, is very important for grandparents raising grandchildren. Future research, utilizing this survey and other data collection methods, should continue to investigate these complex relationships and families.

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Table of Contents

List of Figures

List of Tables

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Dedication

This work and every bit of work I've done and will continue to do with grandfamilies is forever dedicated to my grandma. She made the ultimate sacrifice by raising my brother and me when no one else could or would. Every bit of who I am and the good things I have done, I owe to that woman. May I exude half the strength, determination, and grit that she did her whole life. Grandma, I love you.

Chapter 1 - Introduction

There are a few different terms for the phenomenon of grandparents providing care for their grandchildren (which may or may not include any involvement from the child's parents) – kinship care, custodial grandparenting, grandparents raising grandchildren, grandfamilies, grandparents as parents, or grandparent caregivers (Cooper, 2012; Cox, 2014; Dunn & Wamsley, 2018; Smith et al., 2018). In 2012, 10% of children in the United States lived with a grandparent, rising from 7% in 1992; 2.7 million grandparents were raising their grandchildren and about 39% of these grandparents had been doing so for 5 years or more (United States Census Bureau [USCB], 2014). Although it is difficult to obtain exact estimates of the number of grandfamilies, current numbers are likely to be conservative due to differing data collection methods and terminology inconsistencies, but it is clear numbers are increasing (McLaughlin et al., 2017). As the prevalence of the phenomenon increases, more people, professionals, researchers, and scholars are paying attention to it (Kaplan & Perez-Porter, 2014).

There may be a variety of factors contributing to the increase in the family structure, such as long-standing cultural traditions or more contemporary issues like child abuse and neglect, intimate partner violence, parental incarceration, death, mental illness, immigration, births outside of marriage, economic needs, or the recent opioid epidemic (Choi et al., 2016; USCB, 2016). Often the reasons grandparents are providing care to their grandchildren are complex and convoluted by other variables such as socioeconomic and psychosocial factors (McLaughlin et al., 2017). Although there are many benefits of grandchildren living with their grandparents (e.g., love, structure, safety, maintenance of connections), the events leading up to the transition are often traumatic and/or unanticipated (McLaughlin et al., 2017; Sumo et al., 2018). The responsibilities of providing care can be a financial, emotional, and/or physical strain on

grandparents, and research consistently indicates that high levels of stress are correlated with mental illness and poor health outcomes and reduction of stress can improve outcomes (Gerard et al., 2006).

As a population, grandfamilies are very heterogeneous – no two grandfamilies look the same. The families might differ in the circumstances for caregiving, the involvement of the child's parents (ranging from no contact to the middle generation living in the same home as the grandparent and grandchild), or in caregiving arrangements (e.g., either informal or formal). In formal care, grandparents are appointed by the state to legally care for the child, and informal arrangements are done without the involvement of the authorities. Other factors like grandparents' and grandchild(ren)'s sex and age, duration of caregiving, ethnicity, grandparent-grandchild relationship, and stability of caregiving can also cause grandfamilies to differ from one another. Ultimately, the heterogeneity of grandfamilies creates a unique context for researchers and practitioners because it is more difficult to distinguish between them, generalize results, and to develop programs and interventions that meet unique needs (Choi et al., 2016; Hayslip, Fruhauf et al., 2017; Pandey et al., 2018; Yancura, 2013). Studies that address custodial grandparents and investigate the heterogeneity of the population are essential to provide the information that will help professionals identify grandparents' challenges and strengths and work to adequately address their needs and support grandfamilies.

Family Stress Theory (FST) was used in this paper as a lens to explore the relationships between grandfamily demographics; various characteristics (e.g., length of caregiving, number and ages of grandchildren, etc.); experiences of loss, stress, resilience, and empowerment; and perceived informal supports and formal resources. Self-reported health was considered as an outcome to signify its connection to the other FST variables of stress and resources. Lastly, the

magnitude of loss and stress grandparents experience when taking over the care of their grandchild(ren), the effect of this loss and stress on their experience of resilience and empowerment, and the role that both informal support and formal resources play in moderating these relationships were considered.

Chapter 2 - Review of Literature

Policy prioritizes kinship placement for children who come into protective custody to support family connections and because of the benefits it has shown for creating stability for the child (Generations United, 2017). Although the phenomenon of grandparents raising grandchildren is not new, the steady increase in prevalence continues to catch researchers' attention (Choi et al., 2016; Mills et al., 2005). Relative caregivers experience positive outcomes such as generativity, an increased sense of purpose from giving their grandchild a "better life," and companionship (Backhouse & Graham, 2013; Meara, 2014). Unfortunately, caring for one's grandchildren can also come with challenges and barriers, often involving feelings of loss and the experience of stress (Backhouse & Graham; 2013; Choi et al., 2016; Hayslip & Glover, 2008; Mills et al., 2005).

Family Stress Theory

Family Stress Theory (FST) is a framework often used with grandparent caregivers (Choi et al., 2016; Hayslip, Fruhauf et al., 2017; Smith et al., 2018). FST postulates that whether a family experiences crisis depends on three things: (a) the stressor event and pileup of stressors thereafter; (b) the support and resources they have available or are able to acquire through the process to help them cope; and (c) their perceptions of the stress, support, and resources (Boss, 2002; Hill, 1949; McCubbin & Patterson, 1983). Hill (1949) established these concepts as four variables: stressors (A), resources or support (B), perception (C), and crisis (X) to create the ABCX Model of FST. Over time, theorists have expanded FST to establish it as contextual (Boss, 2002) and to add post-crisis variables to organize stress as a process coining it the Double ABCX Model (McCubbin & Patterson, 1983).

A stressor event is "an occurrence that is of significant magnitude to provoke change in the family system" (Boss, 2002, p. 47). Stress or stressors upset the balance, organization, or process of the family (Glanz & Schwartz, 2008; White & Klein, 2008). Stressors, either normative or non-normative, on-time or off-time, initiate a complex sequence of events and force families to adjust to meet the stressor's new demands (McCubbin & Patterson, 1983). To do this, they call upon resources – both internal to the individual and the family and external (Hill, 1949; Lavee et al., 1985; McCubbin et al., 1980). These adaptive resources may be financial, educational, health-related, social supports, or psychological (Lavee et al., 1985; McCubbin et al., 1980).

Families and grandfamilies alike can experience negative outcomes, such as poor health, when stressors outweigh the available resources (Burr, 1973; Mills et al., 2005). Furthermore, a pile-up of stressors over time has been found to be negatively associated with health outcomes due to the strain it puts on the family's resources and adaptive capabilities (Fiese & Hammons, 2013; McCubbin & Patterson, 1983). Although resources are important, they are not independent from the family's definition of the stressor event and perception of both it and the resources they have at hand (Boss, 1992). A family crisis happens when the stressor(s) is so overwhelming that the family system is incapacitated, but turning points allow for adjustment or adaptation including changes in the stressor event, changes in resources for coping, or changes in perception (Boss, 2002).

Grandfamily Stressors

Taking over the care of one's grandchild upsets the homeostasis of the family routine. Over the course of making this transition, grandparents are often faced with multiple stressors – obtaining legal representation; navigating the child welfare processes; coping with new family

dynamics; managing child needs and behaviors; and handling every day stressors of emotions, health, and finances – that can seem to be "piling up" (Hayslip & Kaminski, 2005; McCubbin & Patterson, 1983). These stressors are often experienced and perceived in connection with expectations they and society have about what is socially acceptable timing for events to happen in a family's life course (White & Klein, 2008). Because grandparents are not expected to be raising children within their developmental context, their stress level caused by the event is much higher than, perhaps, a married couple in their 20s who had been planning a pregnancy. This experience of stress is often compounded by a context of loss due to the circumstances of their caregiving (Choi et al., 2016).

Loss

Loss may be experienced in a variety of forms: physical, symbolic, ambiguous, or secondary. Physical losses are those losses that are tangible, such as death, while the others are not. For example, a symbolic loss might include the dissolution of a marriage, an ambiguous loss might include experiencing an early-term miscarriage, and secondary loss are those losses that are experienced as a result of another loss and might include spending decreased time with one's children after a divorce (Boss, 2006; Rando, 1984; Walsh, 2012).

Although feelings of loss are generally accepted as being work or requiring energy, not all experiences of loss are created equal (Rando, 1984). Tangible losses, such as the death of a loved one, are generally more acceptable moments of grief by both the individual and society (Doka, 2002). Although the experience of loss is always due to losing something, if that something is less tangible, it often makes it difficult to recognize the experience as a legitimate loss (Rando, 1984). Because it is more difficult to recognize, it often goes unacknowledged and the grieving person may not receive the same support they might otherwise receive. However,

the experience of symbolic, ambiguous, or secondary losses can still result in the same feelings of anger, sadness, and guilt (Walsh, 2012).

There are also other factors involved in determining how one experiences feelings of loss. Some of these factors might include, but are not limited to, the person's meaning of the loss, coping behaviors, personality, health, background, demographics, circumstances around the loss, perceptions of timeliness or preventability, and the presence of other stressors. Additionally, social factors play a role in the experience including the individual's support system, background, and status. These determine whether or not a person experiences unresolved feelings of loss that might be a result of psychological or social factors such as guilt or social isolation (Rando, 1984). All losses, no matter the source, need to be grieved (Walsh, 2012). Failing to feel the feelings from any type of loss, a necessary part of resolution, could result in increasingly damaging effects that leave the individual at risk (Rando, 1984; Walsh, 2012).

Risk occurs when an individual experiences loss, but does not grieve the loss immediately, or the person has difficulty coping and experiences prolonged distress (Walsh, 2012). This can manifest from a variety of factors including the circumstances of the loss, when there is a perceived lack of support, high-profile losses, and/or during a time when the individual is experiencing multiple stressors. Although most people and families find a way through the distress, it is still important to consider how those who are experiencing loss of any kind can be supported (Walsh, 2012).

During those times when a person experiences loss and is not supported, they are experiencing disenfranchised grief. Grief is disenfranchised when "it is not or cannot be openly acknowledged, publicly mourned, or socially supported" (Doka, 1989, p. 4). Social support may be available, but if it is not helpful or is not perceived to be helpful, it can also lead to

disenfranchisement of grief (Martin, 1989). Disenfranchising grief exacerbates problems for those experiencing feelings of loss by removing or minimizing support (Doka, 1989). It could be society that disenfranchises grief, especially for those experiencing a loss that is not as openly recognized by the majority of people, but there is also self-disenfranchised grief.

Self-disenfranchised grief is the same as socially disenfranchised grief in that it is not recognized or is unacknowledged, except that the source of disenfranchisement is different. In self-disenfranchisement, the source of the shame or barrier of the grief process is the imagined (or at least exaggerated) views of others or within the individual (Kauffman, 1989). Ultimately, disenfranchised grievers either do not have or feel they do not have the freedom or the permission to behave in a certain way about their loss. Typically, the person experiences a lack of customary supports, society does not provide resources to facilitate the grieving process, and/or the usual avenues of assistance are closed off (Corr, 2002).

A number of special populations that are especially vulnerable to the effects of loss and experiencing disenfranchised grief have been noted (e.g., divorcees, foster children, or those who experience perinatal death; Martin, 1989). One such population whose feelings of loss have been understudied is grandparents who take over the care of their grandchild(ren) – an often unexpected and traumatic circumstance (Bailey et al., 2013; Choi et al., 2016; Generations United, 2017). Loss and trauma within the middle generation is often a very popular theme in the formation of grandfamilies (Byers et al., 2017). Grandparents often experience feelings of loss as they must learn to navigate this "off time" role that is potentially accompanied by a series of losses – the grandchild's parent (whether that be to death or to other circumstances), time spent with peers or other non-custodial grandchildren, a previously held grandparent role identity,

freedom, or stability and financial security (Backhouse & Graham, 2013; Bailey et al., 2013; Hayslip & Glover, 2008; Lee, Clarkson-Hendrix et al., 2016).

Previous studies have examined young adults' and non-custodial grandparents' perceptions of other grandparents' experience of loss while raising grandchildren (Hayslip & Glover, 2008; Miltenberger et al., 2004). Miltenberger and colleagues (2004) found that young adults were cognizant of the loss grandparents caring for their grandchildren experience, but they still identified people in which certain types of loss seemed more relevant (for instance, depending on the context, the young adults were less sensitive to losses suffered by Hispanic, African American, or Caucasian grandmothers). Later, Hayslip and Glover's (2008) findings within a sample of non-custodial grandparents paralleled the young adult study results. Although both studies suggest that others are sensitive to the loss grandparents experience, the degree of sensitivity varies depending upon the caregiving context (Hayslip & Glover, 2008; Miltenberger et al., 2004).

Grandparents report this "paradoxical experience" – characterized by feelings of dissonance, ambiguity, and incongruence of role identity – causes them to feel shame and stigmatized within their communities (Backhouse & Graham, 2010, 2013; Hayslip, Fruhauf et al., 2017). They are less likely to receive assistance than a non-relative foster parent and even less likely if they are providing informal care (Bailey et al., 2013; Lee, Clarkson-Hendrix et al., 2016; Lumpkin, 2008). Backhouse and Graham (2013) said grandparents feel foster parents are "appreciated," but kinship caregivers are "expected." Grandparents held the perspective that the community as a whole failed to recognize, much less validate, the nature and extent of their loss and stress (Backhouse & Graham, 2013). The stigma within this social context leads grandparents to feel shamed and judged by others, invisible, isolated from age peers, silenced,

helpless, and undeserving of support (Backhouse & Graham, 2010, 2013; Hayslip, Fruhauf et al., 2017; Mills et al., 2005). The lack of validation, social support, and feelings of isolation, however, can create a grandparents' experience of "disenfranchised grief," which complicates coping as it often results in grandparents not receiving needed services (Folkman & Lazarus, 1988; Hayslip, Fruhauf et al., 2017; Hayslip & Glover, 2008). This disenfranchisement is often the greatest for those of color, living in rural areas, or living in poverty (Hayslip, Fruhauf et al., 2017).

With these losses – which are symbolic, ambiguous, secondary, not always obvious, take time to become visible, ongoing, and require continual adaptation – comes the added responsibility of caring for their grandchild and attending to their needs (Backhouse & Graham, 2013). Thus, these grandparents are at an increased risk for higher stress levels, poorer health, and more depressive symptoms (Sumo et al., 2018).

Stress

The stress of these feelings of loss are compounded by the other stressors grandparents experience as they care for their grandchild such as financial strains, the child's behavior, navigating the various systems involved, dealing with difficult family relationships, and feelings of guilt and concern for the parent generation (Lee, Clarkson-Hendrix et al., 2016). Researchers have focused on the area of parenting stress in grandfamilies. Although grandparents perceive themselves as being wiser, more relaxed, and more involved the "second time around," they also report having limited energy, struggling with new family dynamics, and having difficulty parenting in a potentially toxic environment (Dolbin-MacNab, 2006). Qualitative findings have suggested that financial strains, concerns with grandchildren's behavior, navigating service systems, and difficult family relationships also contributed to grandparents' stress. Grandparents

face special challenges due to generation differences and guilt and concern about the grandchild's parents (Lee, Clarkson-Hendrix et al., 2016). Other areas of stress might include daily parenting challenges, legal concerns, social isolation, marital conflict, and declining health (Harnett et al., 2014; Whitley, Lamis et al., 2016). Common problems that lead to more stress include insufficient knowledge of and access to needed services and resources and inadequate social support. Informal caregivers may face more challenges as they tend to be older, have even less access to help and have lower incomes (Rushovich et al., 2017). Additionally, timing often affects levels of stress and well-being as grandparents experience episodic needs (Feldman & Fertig, 2013). Grandparents who are newcomers are often at a higher risk, but those who have cared for a longer period of time have had a chance to transition into the role (Choi et al., 2016).

Another large body of research involves grandparents' experience of distress (e.g., depression or anxiety) as the sometimes intense levels of previously mentioned stress can lead to other forms of psychological distress (Whitley, Kelley et al., 2016). Although this distress can come from the role of caring for one's grandchildren and the various factors related to that, it can also arise from the compounding sources of disadvantage such as living in a rural area, living in poverty, or being a racial/ethnic minority (Hayslip, Fruhauf et al., 2017). Social attributes like race, gender, marital status, education, income levels, caregiving status, and access to healthcare are all leading risk factors for poor distress outcomes (Mills et al., 2005; Whitley, Lamis et al., 2016). Researchers often look toward access to resources and support as a way to alleviate grandparents' stress and distress (Doley et al., 2015).

Grandfamily Resources

At each stressful event we experience in life, we are faced with a variety of both implications for our health and options for coping – a learned behavior that contributes to our

success and survival (Folkman & Lazarus, 1988). Social support has been consistently found to buffer poor outcomes for grandparents raising grandchildren, but unfortunately adequate resources are limited. Much of the existing research on support among custodial grandparents suggests that both informal and formal networks are inadequately supporting grandfamilies (Dolbin-MacNab et al., 2013). Grandparents often report needing information about available resources, assistance in accessing resources, education focusing on raising grandchildren, and support group services (Dunn & Wamsley, 2018). Therefore, stress and feelings of loss are exacerbated by limited resources and unmet needs, which in turn can harm grandparents' health even further and perpetuate stress beyond the initial adjustment period (Hayslip & Glover, 2008; Lee, Clarkson-Hendrix et al., 2016; Whitley, Kelley et al., 2016).

Feelings of shame and the social context around grandparents influences whether or not they utilize support or resources – options for coping to counteract feelings of loss and stress – if they exist and grandparents are aware of them (Backhouse & Graham, 2013; Hayslip, Fruhauf et al., 2017; Lumpkin, 2008). Researchers are suggesting social support and social policy should become more sensitive to grandfamilies' experiences, grandparents should be allowed to tell their story and be heard, and more work needs to be done to provide public awareness around the experience of loss and stress for grandparents raising grandchildren (Hayslip & Glover, 2008; Miltenberger et al., 2004). On the bright side, our current social context is allowing for more conversations about grandfamilies' disenfranchisement (Choi et al., 2016). In fact, reform has recently been made to the child welfare system including the Family First Prevention Services Act, which is meant to improve outcomes for children by implementing more preventative services to keep children in their homes and provide more support to grandfamilies (Sprow, 2018).

Informal Supports

A variety of researchers have considered informal resources as a way to alleviate stress and mediate or buffer associations between depressive symptoms or health and quality of life – unless grandparents were raising grandchildren with social, emotional, or behavioral issues – and suggest more consideration be given to public assistance for these families (Doley et al., 2015; Gerard et al., 2006; Gleeson et al., 2016; Mills et al., 2005; Whitley, Kelley et al., 2016). Others have found that social support does not moderate stress as they hypothesized, but that formal support can increase positive reports of life satisfaction (Landry-Meyer et al., 2005). In fact, adequacy of family resources has been shown to mediate and moderate the effects of social support and family competence on stress (Gleeson et al., 2016). These results suggest the source of the stress and the type of support meant to address it must match and the supports must be developmentally appropriate (Landry-Meyer, 2005; Lumpkin, 2008). It also might attest to the fact that grandparents often have limited access to their former social networks after taking over the care of their grandchild, which reduces their options for obtaining support (Whitley, Kelley et al., 2016).

Formal Resources

Both informal and formal supports have been a focus of grandfamily research for years. Since 2015, three studies have reviewed the literature addressing interventions for grandparent caregivers and in each of these studies, researchers indicated there is a variety of studies that have found reliable decreases in stress and increases in informal support systems, family strengths, and health through interventions. However, the conclusion was also made in each that there is a need to develop interventions that are more tailored to the subpopulations within the larger grandfamily population (Choi et al., 2016; McLaughlin et al., 2017; Sumo et al., 2018).

Despite the possibility of formal supports promoting resilience in grandfamilies, studies suggest that many grandparents fail to make use of the available systems due to a number of personal, logistical, and structural barriers (Dolbin-MacNab et al., 2013).

One set of formal resources that is showing promise for grandfamilies is Kinship Navigator programs, which are comprehensive approaches to helping grandparents by connecting them with resources and support – a well-established need for the population – via a case management model (Rushovich et al., 2017). In 2018, only 29 states had implemented one or more kinship navigator programs for grandfamilies. Over the course of the past several years, more funding has become available for these programs to be implemented across the U.S. In fact, 46 states applied for and received funds in 2019 thanks to the Family First Prevention Services Act. With the promise these programs show, there is hope that they will be able to reach more grandfamilies in more areas versus the 70 areas that have established programs as of today (Kinship Navigator Programs, 2020). Another important resource for custodial grandparents is community support groups, which can serve as a protective factor in buffering the stress and loss experiences while encouraging resilience and empowerment (Bundy-Fazioli, et al., 2013), but the existence of support groups is lacking across the U.S. as well (Gentles-Gibbs, 2020).

Ultimately, the stress experience of grandfamilies is heterogeneous, just like the population, as it varies based on circumstances of caregiving, trauma experienced, and other contextual factors. There are a whole host of other factors, structural or ecosystemic, that might affect how a family reacts or adjusts to stress or the outcomes of a particular resource or support (Kelley et al., 2019). Therefore, a grandfamily's ability to cope, adapt, and be resilient must be understood in the context of their lived experiences (Bailey et al., 2019). When intersectionality exists between context, support services, and other factors, however, the appropriate social

support can counteract the effects of this stress on grandfamilies (Hayslip, Fruhauf et al., 2017). However, “further research is needed to fully understand the relationships between aspects of social support and stress” and other outcomes (Choi et al., 2016, p. 122).

Family Strengths and Resilience

Support and resources can be conceptualized as protective factors that promote resilience and empowerment as they compensate for stressors by promoting positive outcomes and discouraging negative outcomes (Dolbin-MacNab et al., 2013). Although few studies have yet focused on it (Pandey et al., 2018), a new area of grandfamily research has been strengths as resources for the family to overcome stress, including but not limited to resilience and empowerment (Hayslip, Fruhauf et al., 2017). This area is important because grandparents continue to invest in their grandchildren by providing care despite the hardships they might face (Taylor et al., 2018). Exploring resiliency and empowerment as factors that might alleviate the poor outcomes of loss and stress by encouraging adaptation and coping are important to supporting positive outcomes for grandfamilies. Many interventions and educational programs are including a component that improves upon family strengths, such as resiliency or empowerment, or connects them to resources and supports that will help build these strengths and alleviate stress (Dunn & Wamsley, 2018; Forthun et al., 2018).

There are many positives to consider with this family structure as it protects children from being placed in foster homes and gives grandparents a sense of satisfaction, increased sense of meaning, increased self-esteem, and feelings of reassurance and generativity (Sumo et al., 2018). Grandfamilies have shown to be very resilient – or able to adapt and overcome – despite great adversity and the intensity of the challenges confronting them (Hayslip, Fruhauf et al., 2017). Resilience seems to be related to certain characteristics, dimensions, or properties

including empowerment (Bailey et al., 2013) and one's ability to cope might come from things like feeling empowered and being resourceful. Meaning, empowerment might promote resiliency (Hayslip, Smith et al., 2017).

Empowerment

Empowerment has been defined as "the ability of individuals to gain control socially, politically, economically, and psychologically through access to information, knowledge and skills, decision making, individual self-efficacy, community participation, and perceived control" (Cox, 2014, p. 163) and has been proposed as a framework to promote problem solving, mediate negative health effects of stress, and participate in collective advocacy (Joslin, 2009). The empowerment framework: (a) emphasizes the need for service providers to work with vulnerable clients such as those experiencing oppression, marginality, and disenfranchisement; (b) recognizes that people's interactions within various systems contribute to stress, needs, and in turn, feelings of powerlessness; and (c) emphasizes the need for professionals to build clients' capacity by mobilizing resources and support (Chadiha et al., 2002).

Empowerment interventions are especially pertinent to grandfamilies as they build on their strengths and recognize them as the expert of their own life while simultaneously building knowledge and skills to think critically about their problems and stressors to develop strategies to act (Chadiha et al., 2002; Cox, 2014). These interventions, such as the curriculum "Empowering Grandparents Raising Grandchildren" (Cox, 2000, 2008) and the empowerment project developed for African American grandparents (Cox, 2002), focus on improving strengths and alleviating stress and loss by strengthening parenting skills, feelings of competency, and abilities to advocate for one's own needs and strive to empower custodial grandparents both in their personal lives and in their communities (Cox, 2008, 2014). Assessments of grandparent

empowerment have generally shown improvements in empowerment after interventions, with the significance of that difference changing for some (e.g., older grandmothers have had significant differences in empowerment; Whitley, Kelley et al., 2011).

Perception

As family stress theory states, perception is a key factor in a family's outcome following a single stressor or a series of stressful events (McCubbin & Patterson, 1983). Most of the available research regarding grandparents' perceptions are concerning their perception of the stressor event – taking over the care of their grandchild. Their perception of this depends a lot on context with some feeling their role impedes on their life and as an emotional challenge and others seeing it as a second chance to get things right and to be able to keep their family together (Bundy-Fazioli, et al., 2013; Hayslip, Fruhauf et al., 2017).

Another important part of perception is grandparents' perception of resources. Family stress theory and research suggest that for resources to be useful, grandparents' perceptions matter. They must be aware of its existence, feel they can utilize it if needed, and feel it is helpful and a good use of their time (Boss, 1992; Smith et al., 2015). For example, in an evaluation of Kinship Navigators, a case management program for custodial grandparents, kinship caregivers perceived the program as useful for themselves and their kin children and supported the continuation of the program (Rushovich et al., 2017). Other resources might be helpful, but grandparents often lack awareness of resources or find them difficult to access (Doley et al., 2015).

Health

Health has been a popular outcome variable to study in grandfamilies. Although providing childcare for grandchildren can improve health outcomes – including physical, mental,

and overall health – for grandparents, coresidence and having sole responsibility for grandchildren often results in health deterioration for grandparents (Chen et al., 2015). Exactly how caregiving affects grandparents' health is nuanced as it is most likely related to a host of other factors such as age, previous health status and psychological health, duration of caregiving, grandchild behavior, grandparent-grandchild relationship, number of grandchildren in care, grandparent education, and available support (Chen et al., 2015; Goodman et al., 2008; Hayslip, Fruhauf et al., 2017; Leder et al., 2007; Neely-Barnes et al., 2010; Whitley & Fuller-Thomson, 2016). Generally, however, caregiving has been associated with poor physical health, exacerbated chronic illnesses, and deficits to physical functioning (Kelley et al., 2012; Whitley & Fuller-Thomson, 2016). Custodial grandparents also have high rates of poor mental health outcomes (e.g., depression), and are more likely to have lower self-esteem and poor overall health (Whitley & Fuller-Thomson, 2016).

Most grandparents report lower overall health scores – significantly below population means – when taking over the care of their grandchild(ren) (Neely-Barnes et al., 2010), which might be related to the stress, trauma, and loss experienced with forming the grandfamily (Byers et al., 2017). There are also factors that exacerbate or alleviate poor health outcomes like racial and ethnic differences and residential differences (Chen et al., 2015). Having good health prior to taking over the care of one's grandchild and financial and social support while doing so can potentially be protective factors and buffer the negative effects of coresidence on health (Chen et al., 2015; Hayslip et al., 2015; Hayslip, Fruhauf et al., 2017), but stressors of raising grandchildren can be a risk factor for developing health problems later on (Leder et al., 2007). Grandparents taking over the care of their grandchildren, especially single custodial grandparents, often defer their own health needs, including routine preventative health care

(Baker & Silverstein, 2008; Whitley & Fuller-Thomson, 2016), especially with limited respite and childcare options (Taylor et al., 2017). Delays in addressing health concerns or keeping routing medical exams may negatively affect parenting roles. There is a general consensus that overall health of a grandparent raising their grandchildren can affect their ability to give care to their grandchild(ren), which produces more risk for childhood trauma and life disruption (Whitley & Fuller-Thomson, 2016).

The Present Study

The study of grandfamilies continues to be a pertinent and fruitful area of research considering the continual increase in grandparents who have sole responsibility of caring for their grandchildren (Kaplan & Perez-Porter, 2014). Due to the circumstances of caregiving often involving trauma or unanticipated and stressful events, grandparents often experience feelings of loss and a pile-up of stressors (McLaughlin et al., 2017). There are, however, positives that grandfamilies experience and they tend to be incredibly resilient (Taylor et al., 2018). Many studies focus on health outcomes of grandparents and have considered the role of empowerment, resources, and support in the relationship between stress and health outcomes. Given the antecedent of grandfamilies is often loss and stress and grandparents often experience high rates of chronic health conditions while raising grandchildren, the evaluation of feelings of loss and health are critical (Byers et al., 2017). However, previous studies have yet to consider the variety of variables that might be playing a role in health outcomes. For example, previous studies have supported moderating effects of social support on the relationship between stress and depressive symptoms among custodial grandparents, specifically when grandparents perceived the support as high quality (Jang & Tang, 2016), however, other studies have shown promotive effects of social support on life satisfaction, but not moderation (Mendoza et al., 2019). This might be due

to another variable – resiliency – playing a vital part in the relationship among variables. So, the role of informal support and formal resources in the relationship between variables such as stress, loss, resilience, and health outcomes are still unclear.

Additionally, many studies have considered the importance of context by considering things like various demographics (e.g., race/ethnicity, income, age, gender, etc.) and structural characteristics (e.g., caregiving duration, age of grandchildren, number of grandchildren, etc.), but very few have considered a large enough variety of these factors when exploring the relationship between stress, resiliency, and support. The purpose of this study was to explore the complex relationships between grandparents' perception of loss, caregiving stress, empowerment, resilience, and perceived informal and formal resources while considering the impact of a variety of demographics and grandfamily characteristics, and the outcome of health. The present study considers a sample of grandfamilies to distinguish if perceived informal support or perceived formal resources moderate the relationships between loss or stress and resilience or empowerment. Additionally, the study examines the role of demographics and various grandfamily characteristics in these relationships, as well as self-reported health as an outcome variable.

Hypotheses

H1a: Grandfamilies where the grandparent is: (a) older, single, lower income, and residing in a rural area; (b) in a temporary caregiving situation; and (c) providing care for more grandchildren will predict higher loss and stress; lower resilience, empowerment, and perceived informal support and formal resources; and lower self-reported overall health before, within the first 30 days, and currently.

H1b: In addition to the above, higher loss and stress will predict lower self-reported overall health, but higher resilience, empowerment, and perceived informal support and formal resources will predict higher self-reported overall health across the caregiving duration.

H2a: Increased loss and increased stress will both be negatively associated with both resilience and empowerment, but perceived informal support will act as a moderator.

H2b: Increased loss and increased stress will both be negatively associated with both resilience and empowerment, but perceived formal resources will act as a moderator.

Chapter 3 - Methods

Procedure

Research Team

To facilitate this study, a small collaborative research team comprised of one master's student and one undergraduate research assistant assisted with recruitment and data collection. These students were tasked with survey maintenance, recruitment, data collection, and entry of hard copy surveys. All members of the research team were trained in ethical research practices and added to the study's Institutional Review Board (IRB) approval before participating in any of the research steps.

Recruitment

Following approval from the IRB, a multitude of recruitment strategies were used from August 2019 to January 2020 to acquire the current sample. Flyers were made to share information about the study and provide information on how to access the survey online or via hard copy. These flyers were shared via social media and with a variety of different service providers across the U.S. An assortment of individuals and organizations were used to support recruitment. The bulk of these individuals' contact information was gathered from grandfamilies.org, which organizes a variety of resources for grandfamilies by state. Individuals included, but were not limited to, those working at Area Agency on Aging networks, state departments for children and families, legal entities, and other human service agencies. A majority of the individuals were contacted via e-mail, but several were contacted by telephone and asked to share the flyer amongst their network and contact the researcher with any other recruitment ideas or questions. Grandparents were able to access the survey in several ways: online via a tinyurl.com link, online using a QR code, or via hard copy that was mailed with a

self-addressed and stamped return envelope. Recruitment materials were also shared within the National Council on Family Relations network, the Family Life Coaching Association network, and K-State Research and Extension agents via appropriate listservs. Within these networks, others were encouraged to share the materials with grandparents or with those working with grandparents.

Over the course of the recruitment efforts and due to the receipt of grant funding, approximately 125 surveys were mailed to various individuals upon request. Of those 125 surveys, only seven were returned. Amazon Mechanical Turk (MTurk) and Prolific were also utilized to recruit participants and support research participation by reimbursing respondents for their time. The participant compensation amount was dependent upon survey length. MTurk respondents were paid approximately $2.50 to complete the survey in its entirety. Prolific respondents were paid approximately $0.35 to complete a screening survey to identify those individuals who were grandparents currently or previously raising grandchildren. If they fit this criteria, Prolific respondents were paid approximately $5.00 to complete the survey in its entirety.

Data Collection

The primary mechanism of data collection was an online survey facilitated by Qualtrics. To accommodate participants, audio recordings of all questions were embedded in the Qualtrics survey. Recruitment materials directed participants to the survey where they first read the informed consent form. Consent was given by clicking “accept,” then participants were taken through the inclusion criteria screening questions to ensure participants were only grandparents who currently have or have had responsibility for caring for their grandchild(ren). Individuals who met the criteria were sent to the full survey, but those who did not were sent to a conclusion

page explaining why they were not able to take part in the study. Within the full survey, Qualtrics features were activated to reduce unintentionally skipped questions and to utilize skip logic to ensure only relevant questions appear for participants. At the end of the survey, respondents were directed to a debriefing statement thanking them for their participation, asking them for information about how they found the study for future research, and if they wanted to be contacted for future research studies.

Prior to initiating the full study, the study procedures described were pilot tested with a sample of about five local grandparents. The purpose of the pilot test was to identify problems with the questions within the survey or Qualtrics software and solicit feedback on strategies to resolve those problems or any issues with fatigue or retention. Participants in the pilot study were able to offer valuable, but simple feedback to ensure the survey was seamless as possible. These participants were retained in the final sample.

Sample

The present study included data from grandparents who are raising or have raised their grandchild(ren). Prior to testing the hypotheses, data were cleaned and coded so that higher scores on each quantitative measure represent higher degrees of that specific construct. Because there were three main sources of data collection (i.e., service providers and word of mouth, MTurk, and Prolific), three data sets had to be initially cleaned and merged into one. For each survey, those participants that did not "accept" the consent, were not or had not raised their grandchild(ren), or completed demographics or less of the survey were deleted. In sum, 137 participants were deleted before merging. After merging, an additional 17 cases were deleted for failure to complete the primary measures of the study, which resulted in a final sample of 103 grandparents. Independent sample t-tests indicated that these missing cases were significantly

different from the other cases on race ($t(117) = -3.43$, $p < .01$) and religion ($t(100) = -.3.84$, $p < .01$). The 17 participants who did not complete the primary study measures more often identified with a racial or ethnic identity other than White ($M = .25$, $SD = .45$) and claimed a religion ($M = .00$, $SD > .01$).

In the final sample, 69.9% took the general survey either via a direct link or through hard copy ($n = 72$), 27.2% accessed the survey through MTurk ($n = 28$), and 2.9% accessed the survey through Prolific ($n = 3$). Independent sample t-tests indicated that those participants who accessed the survey via MTurk or Prolific were significantly different from other cases on gender ($t(43.69) = 3.29$, $p < .01$), race ($t(48.52) = 3.16$, $p < .01$), relationship status ($t(73.87) = -2.57$, $p = .01$), education level ($t(75.22) = -4.41$, $p < .01$), religion ($t(89.60) = -2.25$, $p = .03$), income ($t(62.54) = -3.66$, $p < .01$), and residence ($t(97.27) = -3.92$, $p < .01$). The 31 participants from MTurk and Prolific were more often male ($M = .52$, $SD = .51$), a race other than White ($M = .45$, $SD = .51$), married ($M = .84$, $SD = .37$), highly educated ($M = .84$, $SD = .37$), had a religion they claimed ($M = .94$, $SD = .25$), made more than $75,000 ($M = .74$, $SD = .45$), and lived in an urban or suburban area ($M = .94$, $SD = .25$).

Grandparents reported being born from 1933 to 1994, $M = 1962$ ($SD = 10.41$) or 58-years-old (when subtracting the reported year of birth from 2020). A majority of the grandparents reported being female (74.8%, $n = 77$), White or Caucasian (68%, $n = 70$), married (68%, $n = 70$), having a Bachelor's degree or higher (56.2%, $n = 58$), working full-time (55.3%, $n = 57$), Protestant (29.7%, $n = 30$), and regardless of religion, either very or extremely religious (46.1%, $n = 47$). Grandparents reported an income from $0 to $150,000 per year ($M = $73,520, $SD = 40.84$), residing in 29 different states with the highest numbers from Kansas (23.3%, $n =$

24), California, Pennsylvania, and Texas (7.8%, *n* = 8), and residing in all types of areas – urban (38.8%, *n* = 40), suburban (35%, *n* = 36), and rural (24.3%, *n* = 25).

Grandparents reported raising or having raised one to five grandchild(ren) (*M* = 1.91, *SD* = 1.05). Grandchildren were most often a maternal, biological grandchild (60.8%, *n* = 62), male (52%, *n* = 53), and White or Caucasian (59.8%, *n* = 61). The youngest grandchild was taken into their grandparent's care before their first birthday and the oldest grandchild was taken into their grandparent's care at the age of 15. At the time of the survey, the shortest duration of care for any one child was 1 month and the longest was 22 years. Due to the nature of the survey and grandparents' tendency to be raising more than one grandchild, there is no easy way to calculate mean ages of the grandchildren when taken into care of their grandparents or length of caregiving. Additionally, due to an error in survey skip logic, reasons for caregiving were not possible to assess.

Most grandparents reported a permanent custody arrangement or adoption (54.5%, *n* = 55) with some parents having no contact (20%, *n* = 20), but most having occasional or regular supervised or unsupervised visitation (62%, *n* = 62). Grandparents did report some parents living in the home with them and the grandchildren either occasionally, frequently, or all the time (18%, *n* = 18). Most grandparents reported the custody arrangement was stable (84.3%, *n* = 86), the parental involvement was not stable (50.5%, *n* = 51), the grandchild was never placed in someone else's care (78.2%, *n* = 79), and the grandchild had not been returned to their parent's care (65%, *n* = 65). See Table 1 for a summary of descriptive statistics of demographics and grandfamily characteristics (*n* = 103).

Table 1

Descriptive Statistics of Demographics and Grandfamily Characteristics

Continuous Variables	Range	*N*	Mean	SD
GP Age	26 – 87	102	57.73	10.41

GP Income	0 – 150	102	73.52	40.84
GP Religiosity	1 (very) – 5 (extremely)	102	3.12	1.15
Number of GC Raised	1 – 5	103	1.91	1.05

Categorical Variables	Frequency %	*N*
GP Gender		103
Woman	74.8	77
Man	25.2	26
GP Race		103
Native American, American Indian, or Alaskan Native	3.9	4
Asian or Asian American	13.6	14
Black or African American	7.8	8
European	1.0	1
Hispanic or Latino	2.9	3
Native Hawaiian or Other Pacific Islander	1.0	1
Middle Eastern or North African	-	0
White or Caucasian	1.9	70
Multiracial	1.9	2
Not listed, please specify	-	0
Decline to state	-	0
GP Relationship Status		103
Single, never married, and not dating	1.9	2
Dating and living separately from my partner	-	0
Dating and living with my partner	3.9	4
Married	68.0	70
Married or dating and separated from my partner	2.9	3
Widowed and single	2.9	3
Widowed and dating	-	0
Widowed and remarried	-	0
Divorced and single	15.5	16
Divorced and dating	1.9	2
Divorced and remarried	2.9	3
GP Education Level		103
Less than high school degree	-	0
High school graduate (diploma or GED)	7.8	8
Some college, but no degree	17.5	18
Technical degree or apprenticeship	4.9	5
Associate degree (2-year)	13.6	14
Bachelor's degree (4-year)	35.9	37
Master's degree	18.4	19
Doctoral degree (e.g., PhD, EdD)	1.9	2
Professional degree (e.g., JD, MD, PsyD, DPT)	-	0
GP Employment		103
Working full-time (30+)	55.3	57
Working part-time (29 or less)	8.7	9
Student	-	0
Not working (temp layoff)	1.0	1

Not working (looking)	1.0	1
Not working (retired)	19.4	20
Not working (disabled)	6.8	7
Not working (other, please specify)	7.8	8
Decline to state	-	0
GP Religion		101
Protestant	29.7	30
Roman Catholic	22.8	23
Mormon	4.0	4
Orthodox (such as Greek or Russian)	-	0
Jewish	1.0	1
Muslim	1.0	1
Buddhist	-	0
Hindu	10.9	11
Atheist	2.0	2
Agnostic	2.0	2
Something else, please specify	13.9	14
Nothing in particular	12.9	13
GP Residence (i.e., rurality)		103
Urban	38.8	40
Suburban	35.0	36
Rural	24.3	25
Other	1.9	2
Decline to state	-	0
Relationship with GC		102
Maternal or Paternal		102
Maternal	75.6	77
Paternal	24.4	25
Biological or Other		102
Biological	80.4	85
Adopted	11.7	12
Step	5.9	5
Former-Step	2.0	2
Grandchild or Great		102
Grandchild	97.0	99
Great-Grandchild	3.0	3
GC Gender		102
Woman	47.1	48
Man	52.0	53
Not listed, please specify	1.0	1
GC Race		102
Native American, American Indian, or Alaskan Native	2.0	2
Asian or Asian American	14.7	15
Black or African American	6.9	7
European	1.0	1
Hispanic of Latino	2.9	3

Native Hawaiian or Other Pacific Islander	1.0	1
Middle Eastern or North African	-	0
White or Caucasian	59.8	61
Multiracial	10.8	11
Not listed, please specify	1.0	1
Decline to state	-	0
Custody Arrangement		101
Temporary	21.8	22
Permanent	43.6	44
Adopted	10.9	11
No legal status	13.9	14
Other, please specify	9.9	10
Stable Custody		102
Yes	84.3	86
No	15.7	16
Parental Involvement		100
No contact	20.0	20
Occasional supervised visitation	27.0	27
Regular supervised visitation	15.0	15
Regular unsupervised visitation, but not overnight	9.0	9
Regular unsupervised visitation and overnight stay	11.0	11
Parent stays/stayed in our home occasionally	7.0	7
Parent stays/stayed in our home frequently	6.0	6
Parent lives/lived in our home all the time	5.0	5
Stable Parental Involvement		101
Yes	49.5	22
No	78.2	79
Placed in Someone Else's Care		101
Yes	21.8	22
No	78.2	79
Returned to Parent's Care		100
Yes	35.0	35
No	65.0	65

Notes: GP = grandparent. GC = grandchild. GC Age (both currently and when first taken into care) and length of care were omitted from the descriptive table due to not having accurate information about means and SDs.

Measures

The survey included the following topics: grandfamily factors (including inclusion criteria, length of caregiving, reason for caregiving, etc.), demographics, loss, stress, empowerment, resilience, perceived informal support and perceived formal resources, and health. Grandparents, if they were no longer raising grandchildren, were asked to think back to

that time in their life when responding to survey items. Measures are discussed in order of the hypotheses, but a survey can be found in Appendix A that includes the order of how the measures were administered to respondents. Table 2 includes descriptive statistics including means and standard deviations of each of the primary measures.

Table 2
Descriptive Statistics of Primary Measures

Measure	*N*	Minimum	Maximum	Mean	SD	α
Perception of Loss	103	1.00	4.50	2.98	.80	.89
Caregiving Stress	103	1.00	3.58	2.60	.61	.87
Empowerment	103	2.91	5.00	3.94	.50	.92
Family Empowerment Subscale	103	2.80	5.00	4.04	.53	.84
Service Empowerment Subscale	103	2.83	5.00	4.15	.58	.91
Community Empowerment Subscale	103	1.60	5.00	3.58	.71	.86
Resiliency	103	1.60	4.00	3.04	.53	.86
Perceived Informal Support	103	1.00	7.00	5.10	1.30	.95
Perceived Formal Resources	103	3.00	6.58	4.55	.76	.72
Self-Reported Health (before)	103	1	5	3.90	.89	
Self-Reported Health (first 30 days)	102	1	5	3.36	.95	
Self-Reported Health (currently)	102	1	5	3.36	1.04	

Demographics and Grandfamily Characteristics

Respondents' age, gender, race/ethnicity, relationship status, educational attainment, employment status, income, religious identity, religiosity, state of residency, and residency were measured and used as covariates. Age was measured by asking participants "in what year were you born?" Their response was then subtracted from 2020 and recoded into a new variable. Religiosity was measured on a 5-point scale from (1) *not very* to (5) *extremely*. For residency, respondents were given four options of urban, suburban, rural, or decline to state.

Participants also responded to questions regarding number of grandchildren they were raising. Then they were asked about relationships (i.e., maternal or paternal; biological, adopted, step or former step; and grandchild or great-grandchild), grandchild's current age and age when they took over care, length of caregiving, grandchild gender and race, reasons for caregiving, custody arrangement, parental involvement, and stability for each grandchild they were raising. Reasons of caregiving were measured through a list of 25 options from which grandparents selected all that applied for that grandchild. Example items included "parent was a teenager when grandchild was born," "parent neglected child," or "parent had problems with drugs."

Custody arrangement was measured through five options: (a) *temporary*, (b) *permanent*, (c) *adopted*, (d) *no legal status*, and (e) *other, please specify*. Parental involvement was measured through an 8-point scale ranging from (1) *no* contact to (8) *parent lives/lived in our house.* Stability was measured via four different questions: (a) "has the custody arrangement been stable," (b) "has the parental involvement been stable," (c) "has the child ever been in someone else's care (not including the parent or grandparent)," and (d) "has the child ever returned to the parent's care" with *yes* or no being responses for these questions. For the purpose of analysis, each variable was treated differently for grandparents who were raising more than one grandchild. For grandparent-grandchild relationship, gender, race, and custody arrangement, the most common among the multiple grandchildren was used. For ages, the youngest and oldest was considered. For the length of caregiving, the longest was used.

Primary Measures

Perception of Loss. Loss was measured using the Perception of Loss Scale, a 12-item assessment of loss experienced by grandparents raising grandchildren (Miltenberger et al., 2004), slightly modified to include two additional items to assess for perceptions of isolation, where respondents indicated their level of agreement with each of the statements (e.g., I have less time for friends, my grandchild is a burden to me) by using the scale of (1) *strongly disagree* to (5) *strongly agree*. Possible scores ranged from 12-60 on the original scale, but 14-70 on the modified version, with higher scores indicating a higher sensitivity to loss experienced by grandparents. Previous research yielded a reliability of $\alpha = .81$ (Hayslip & Glover, 2008; Miltenberger et al., 2004) and this study yielded a $\alpha = .89$ ($M = 2.98$, $SD = .80$). Scores on indicators were averaged to create a composite for an observed variable of perception of loss.

Caregiving Stress. Stress was measured through the 18-item Caregiving Stress Index, an adapted version of the Parental Stress Scale (CSI; Gerard et al., 2006), which intends to measure the stress a grandparent feels while being a caregiver for their grandchild. Respondents were asked to rate statements (e.g., caring for my grandchild sometimes takes more time and energy than I have to give, raising grandchildren has been a financial burden) from (1) *strongly disagree* to (5) *strongly agree* about their experience. The measure has been shown as reliable in previous studies with $\alpha = .90$ and in this study with $\alpha = .87$ ($M = 2.60$, $SD = .61$). Items 1, 2, 5, 6, 7, 8, 17, and 18 were reverse coded so that higher scores indicate higher levels of caregiving stress (Gerard et al., 2006). Scores on indicators were averaged to create a composite for an observed variable of caregiving stress.

Empowerment. Empowerment was measured using the 32-item Family Empowerment Scale (FES; Vuorenmaa et al., 2013). The FES has three subscales: the family subscale (10 items), the service subscale (12 items), and the community subscale (10 items). The family subscale refers to the grandparent's management of everyday situations, the service subscale refers to the grandparent's acting to obtain services for the grandchild from the service system, and the community subscale refers to the grandparent's advocacy for improving services for grandchildren in general. In the FES, respondents rated statements (e.g., I feel confident in my ability to help my child grow and develop, I am able to work with agencies and professionals to decide what services my child needs) regarding how each item applied to their family. Responses ranged from (1) *strongly disagree* to (5) *strongly agree* with higher scores indicating higher levels of empowerment. Previous studies have yielded reliability scores of $\alpha = .84$ to .90 (Vuorenmaa et al., 2013). This sample yielded a reliability score of $\alpha = .92$ for the full 32-item scale ($M = 3.94$, $SD = .50$), .84 for the family subscale ($M = 4.04$, $SD = .53$), .91 for the service

subscale (*M* = 4.15, *SD* = .58), and .86 for the community subscale (*M* = 3.58, *SD* = .71). Scores on indicators were averaged to create a composite for an observed variable of overall empowerment.

Resilience. Resilience was measured using the 10-item Connor-Davidson Resilience Scale (CS-RISC; Campbell-Sills & Stein, 2007; Connor & Davidson, 2003). In the CS-RISC, respondents were asked to rate statements (e.g., I am able to adapt to change, I believe I can achieve my goals despite obstacles) regarding how true each item was for them in the last month. Responses ranged from (1) *not true at all* to (5) *true nearly all of the time* with higher scores indicating higher levels of resilience (Connor & Davidson, 2003). Previous studies have shown α = .85 for the 10-item scale (Campbell-Sills & Stein, 2007) and α = .86 for this sample (*M* = 3.04, *SD* = .53). Scores on indicators were averaged to create a composite for an observed variable of resilience.

Perceived informal support. Mirroring Gerard et al. (2006), perceived informal support was measured using the 12-item Multidimensional Scale of Perceived Social Support (MSPSS), The MSPSS assesses perceptions of social support using items such as "my friends really try to help me" or "my family is willing to help me make decisions" with responses ranging from (1) *very strongly disagree* to (7) *very strongly agree*. Higher scores indicated higher levels of perceived informal support. Previous studies have shown a Cronbach's alpha of .93 for the scale (Gerard et al., 2006) and α = .95 for this study (*M* = 5.10, *SD* = 1.30). Scores on indicators were averaged to create a composite for an observed variable of perceived informal support.

Perceived formal resources. Perceived formal resources were assessed using the Attitudes toward Use of Formal Help or Community Services (ATUF). This 12-item scale assessed the extent to which grandparents agree to various statements about using professional

help or community services. Sample items include “a person should work out one’s own problems, getting professional support would be the last resort” and “it’s difficult to talk about personal issues with strangers” with responses ranging from (1) *very strongly disagree* to (7) *very strongly agree*. Items 1, 2, 5, 6, 8, 10, and 11 were reverse coded so that higher scores reflected a more positive perception of formal resources. Cronbach’s alpha in previous studies has been acceptable, $\alpha = .74$ (Gerard et al., 2006) and was .72 for this sample ($M = 4.55$, $SD = .76$). Scores on indicators were averaged to create a composite for an observed variable of perceived formal resources.

Health. General health was assessed using the first item of the Healthy Days Core Module (CDC HRQOL-4). The CDC HRQOL-4 asks participants to rate their health on a scale from (1) *poor* to (4) *excellent*, reflect on how many days they have felt unhealthy during a 30 day time period, assess how much their health limits activities or work, and how many days these unhealthy days have limited their activity (CDC, 2018). Health was measured at three points in the survey to assess their health before raising grandchildren ($M = 3.90$, $SD = .89$), during the first 30 days of raising grandchildren ($M = 3.36$, $SD = .95$), and currently ($M = 3.36$, $SD = 1.04$). Due to allowing those that had previously or were currently raising their grandchildren to complete the survey, the current health could be a variety of different timeframes from the first 30 days of raising their grandchildren.

Statistical Analyses

Following all data cleaning, SPSS (Version 26.0) was used to run a missing value analysis (MVA). The MVA indicated the missing values were missing completely at random due to a non-significant Little’s test (Enders, 2010). Then, frequencies, descriptive statistics, and correlations were run to get an initial, overall sense of the data. Variables were checked for

normality, and scales were checked for reliability. In order to make results more meaningful, all categorical variables with two or more levels were dummy coded. A summary of these dummy codes can be found in Table 3.

Table 3

Summary of Dummy Codes for Categorical Variables with More than Two Levels

Variable	Categories	Dummy Code	
		0	1
Gender	Female	Other	Female
	Male		
	Transgender Woman		
	Transgender Man		
	Not listed, please specify		
	Decline to State		
Race	Native American, American Indian, or Alaskan Native	Other	White or Caucasian
	Asian or Asian American		
	Black or African American		
	European		
	Hispanic or Latino		
	Native Hawaiian or Other Pacific Islander		
	Middle Eastern or North African		
	White or Caucasian		
	Multiracial		
	Not listed, please specify		
	Decline to state		
GP Relationship Status	Single, never married, and not dating	Other	Married or Cohabiting
	Dating and living separately from my partner		
	Dating and living with my partner		
	Married		
	Married or dating and separated from my partner		
	Widowed and single		
	Widowed and dating		
	Widowed and remarried		
	Divorced and single		
	Divorced and dating		
	Divorced and remarried		

GP Education Level	Less than high school degree High school graduate (diploma or GED) Some college, but no degree Technical degree or apprenticeship Associate degree (2-year) Bachelor's degree (4-year)Master's degree Doctoral degree (e.g., PhD, EdD) Professional degree (e.g., JD, MD, PsyD, DPT)	Associate's and below	Bachelor's and above
GP Employment	Working full-time (30+) Working part-time (29 or less) Student Not working (temp layoff) Not working (looking) Not working (retired) Not working (disabled) Not working (other, please specify) Decline to state	Other	Working
GP Income	$0k to $150k (rounded to the nearest $1k)	$74k or below	$75k or above
GP Religion	Protestant Roman Catholic Mormon Orthodox (such as Greek or Russian) Jewish Muslim Buddhist Hindu Atheist Agnostic Something else, please specify Nothing in particular	Nothing, Atheist, or Agnostic	Any religion
GP Residence	Urban Suburban Rural Decline to state	Urban or Suburban	Rural
Custody Arrangement	Temporary Permanent Adopted No legal status Other, please specify	Other	Permanent or Adopted
Parental Involvement	No contact Occasional supervised visitation	No contact	Any contact

	Regular supervised visitation
	Regular unsupervised visitation, but not overnight
	Regular unsupervised visitation and overnight stay
	Parent stays/stayed in our home occasionally
	Parent stays/stayed in our home frequently
	Parent lives/lived in our home all the time

Note: GP = grandparent. GC = grandchild.

To test the first hypothesis, a series of multiple regressions were conducted to better understand the predictive relationship between grandparent demographics and grandfamily characteristics and perception of loss, caregiving stress, empowerment, resilience, perceived informal support and formal resources, and self-reported overall health. Standardized coefficients for each model and the proportion of variance accounted for in each of these steps are provided below.

Next, three hierarchical regressions were conducted to consider variables from the previous analysis and their effect on self-reported health. The first step controlled for each of the grandparent demographics and grandfamily characteristics. The second added in each of the primary measures by grouping them in the following blocks: (a) stressors – stress and loss and (b) resources – resiliency, empowerment, and perceived informal support and formal resources. Finally, grandparents' self-reported overall health was used as the dependent variable in three separate ways: (a) before taking over care of their grandchild, (b) during (first 30 days of caregiving), and (c) currently. Standardized coefficients for each model and the proportion of variance accounted for in each of these steps are provided in below.

Finally, two path analyses, guided by Family Stress Theory, were performed in Amos (Version 26.0) using the observed variables of loss, stress, empowerment, resilience, perceived informal support and perceived formal resources, and interaction variables of perceived informal support x stress, perceived informal support x loss, perceived formal resources x stress, and

perceived formal resources x loss to examine the hypothesized moderating relationships among variables. For the hypothesized models for each analysis, see Figure 1 and 2.

The interaction variables were computed after standardizing perceived informal support, perceived formal resources, stress, and loss. To interpret and provide explanation of moderation results, interaction terms were plotted. Observed variables were created using composites by taking the mean of all items for a variable. This allowed for missing responses on single items to be considered without the entirety of the variable being ignored for those with missing responses. Indicators of model fit included a combination of criteria to support the moderation path as modeled: (a) χ^2/df ratio; (b) RMSEA; and (c) CFI. Ideal model fit has a χ^2/df ratio between one and three, an RMSEA value less than .08, and a CFI value greater than .95 (Kline, 2016).

Figure 1

Hypothesized Structural Equation Model of Perceived Informal Support Moderating Relationship between Stress, Loss, Resilience and Empowerment

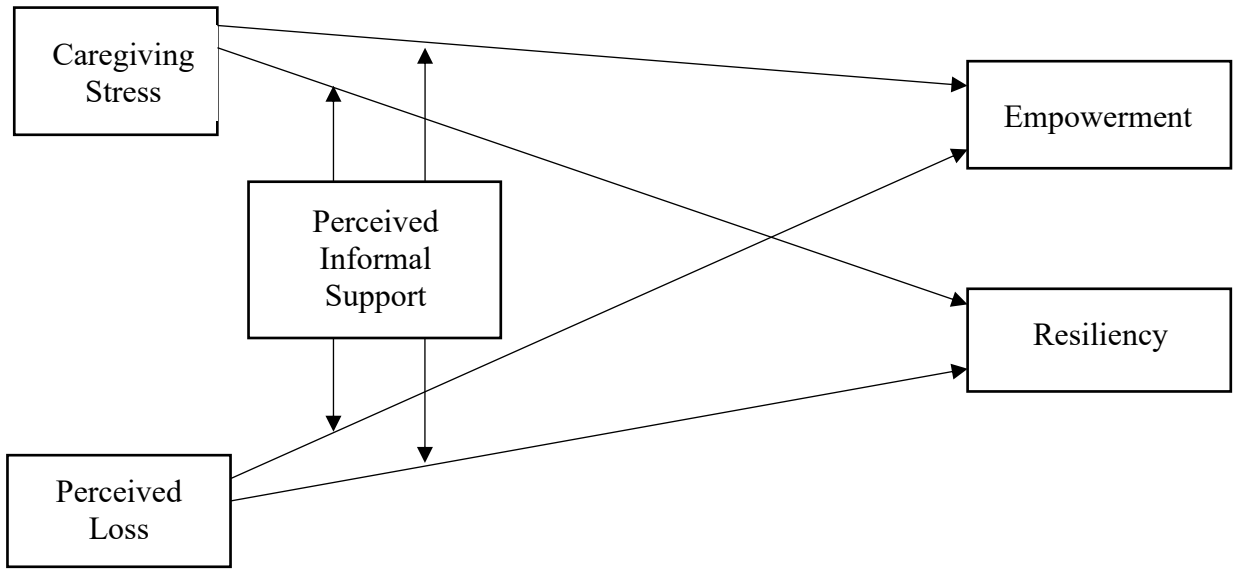
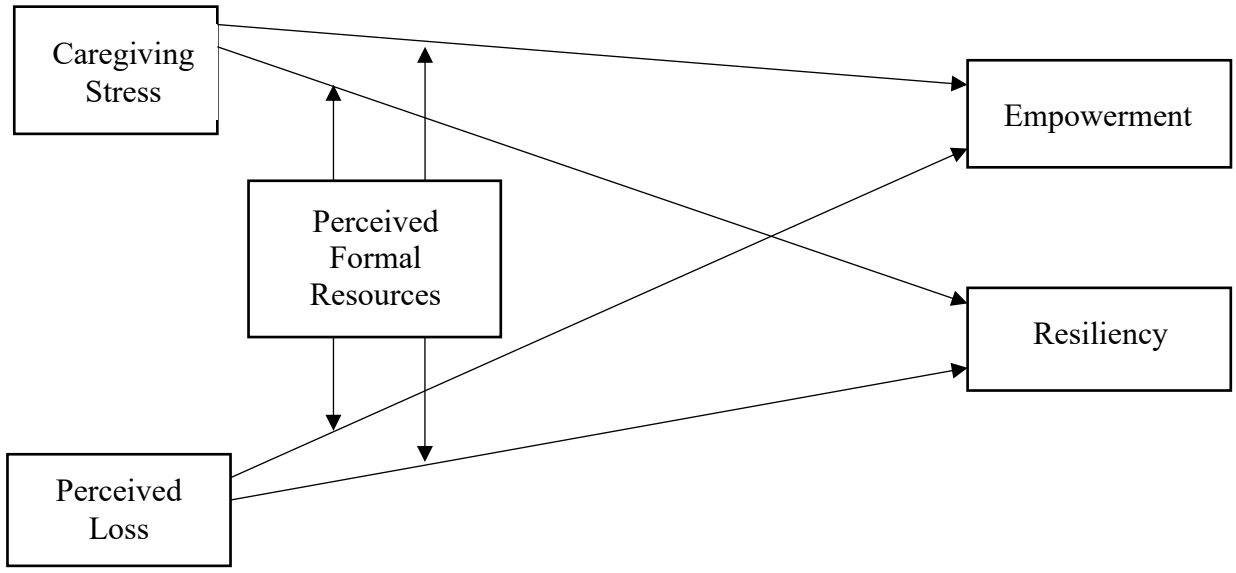


Figure 2

Hypothesized Structural Equation Model of Perceived Formal Resources Moderating Relationship between Stress, Loss, Resilience and Empowerment



Chapter 4 - Results

Correlation Analyses

As a foundation for the regressions and path analyses, this section focuses on an analysis of correlations between all pairs of variables included in the regressions and hypothesized path models. Bivariate correlations between demographics, grandfamily characteristics, and primary measures of the study are presented in Tables 4 and 5. Grandparent age was significantly correlated with perception of loss (r = -.24) and perceived formal resources (*r* = .25). Grandparent gender was significantly correlated with a stable parental involvement (*r* = .28), perceived formal resources (*r* = .32), grandparent's self-reported overall health in the first 30 days (*r* = -.30), and grandparent's self-reported overall health currently (*r* = -.33). Grandparent race was significantly correlated with custody arrangement (*r* = -.21), a stable parental involvement (*r* = .35), and grandparent's self-reported overall health in the first 30 days (*r* = -.24). Grandparent relationship status was significantly correlated with a stable parental involvement (*r* = -.21), the grandchild being in someone else's care (i.e., not the parent's or the grandparent's; *r* = .21), perceived informal support (*r* = .34), grandparent's self-reported overall health before raising grandchildren (*r* = .28), and grandparent's self-reported overall health in the first 30 days of raising grandchildren (*r* = .22). Grandparent education level was significantly correlated with the number of grandchildren they are or have raised (*r* = -.22), the custody arrangement (*r* = .24), their perception of loss (*r* = .25), and grandparents self-reported overall health before (*r* = .24), during the first 30 days (*r* = .30), and currently (*r* = .22). Grandparent employment was significantly correlated with parental involvement (*r* = .26), a stable custody arrangement (*r* = .21) and their health during the first 30 days of raising grandchildren (*r* = .20). Grandparent income was significantly correlated with the grandparents self-reported overall

health before (r = .43), during the first 30 days (r = .37), and currently (r = .24). Grandparent religion and religiosity were both significantly correlated with perceived informal support (r = -.28 and r = .21). Grandparent rurality (i.e., urban, suburban, or rural) was significantly correlated with a stable parental involvement (r = -.24) and caregiving stress (r = .25).

The grandchild's gender was significantly correlated with perceived informal support (r = -.24). Parental involvement was significantly correlated with grandparent's health during the first 30 days (r = .20). A stable custody arrangement was significantly correlated with a stable parental involvement (r = .38), whether the child has ever been in someone else's care (r = -.23), and perception of loss (r = .21). A stable parental involvement was significantly correlated with whether the child has ever been in someone else's care (r = -.37) and perceived formal resources. Whether the child has ever been in someone else's care was significantly correlated with caregiving stress (r = -.25) and perception of loss (r = -.23).

Caregiving stress was significantly correlated with perception of loss (r = .76), empowerment (r = -.28), and resiliency (r = -.41). Perception of loss was significantly correlated with empowerment (r = -.22) and resiliency (r = -.32). Empowerment was significantly correlated with resiliency (r = .43), perceived informal support (r = .36), and perceived formal resources (r = .22). Resiliency was significantly correlated with perceived informal support (r = .22), grandparent's health during the first 30 days (r = .26) and currently (r - .29). Grandparent's health before raising grandchildren was significantly correlated with their health during the first 30 days (r =.54) and currently (r = .56) and grandparent's health in the first 30 days was significantly correlated to grandparent's health currently (r = .84).

Table 4

Demographics, Grandfamily Characteristics, and Primary Measures: Correlations

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. GP Age	-												
2. GP Gender	.03	-											
3. GP Race	.20*	.18	-										
4. GP Relationship Status	.01	-.16	-.03	-									
5. GP Education Level	-.13	-.29**	-.19	.28**	-								
6. GP Employment	-.25*	-.06	.01	-.04	.12	-							
7. GP Income	-.03	-.18	-.08	.45**	.50**	.04	-						
8. GP Religion	-.02	-.08	-.20*	.19	.26*	-.18	.15	-					
9. GP Religiosity	-.07	.02	-.15	.11	.14	-.16	.10	.51**	-				
10. GP Rurality	.06	-.14	-.13	.11	.19	-.03	.15	.09	-.08	-			
11. Number of GC Raised	-.09	.04	-.06	.08	**-.22***	.11	-.12	.03	-.01	.04	-		
12. GC Gender	.09	-.03	**.20***	-.12	.06	-.06	.16	-.10	-.06	-.05	-.01	-	
13. Parental Involvement	-.17	-.01	.02	.04	.08	**.26****	.11	.06	.10	-.01	-.10	-.01	-
14. Custody Arrangement	.06	-.16	**-.21***	-.04	**.24***	-.06	.15	.07	.04	.03	-.07	.11	-.16
15. Stable Custody	.00	-.06	.01	.01	.10	**.21***	.04	.19	.07	.14	.14	-.03	-.19
16. Stable Parental Involve	.14	**.28****	**.35****	**-.21***	-.19	.05	-.14	-.06	-.05	**-.24***	.13	-.06	-.18
17. Someone Else's Care	.05	-.15	.14	**.21***	-.02	-.14	.15	-.10	.06	-.04	-.13	.14	.05
18. Caregiving Stress	-.08	-.07	-.19	-.01	.19	.04	.09	.11	.00	**.25****	.07	.04	-.08
19. Perception of Loss	**-.24***	.03	.01	-.03	**.25***	.04	.15	.16	.04	.09	-.00	.10	-.08
20. Empowerment	-.09	.09	.05	.05	-.03	.07	.14	-.02	-.01	-.07	-.02	-.00	.19
21. Resiliency	-.00	-.05	-.05	.08	.09	.18	.06	-.12	-.12	.08	.07	.04	.05
22. P. Informal Support	-.19	.02	-.11	**.34****	.04	.01	.19	**.28****	**.21***	.08	.11	**-.24***	.15
23. P. Formal Resources	**.25***	**.32****	.18	-.09	-.05	.13	-.05	.07	.03	-.08	.00	-.07	.14
24. Health (before)	.02	-.11	-.03	**.28****	**.24***	.15	**.43****	-.08	.01	-.04	.08	-.04	.03
25. Health (first 30 days)	.00	**-.30****	**-.24***	**.22***	**.30****	**.20***	**.37****	.09	.06	.07	.02	-.12	**.20***
26. Health (currently)	-.02	**-.33****	-.18	.18	**.22***	.15	**.24***	.00	.10	-.00	-.04	-.12	.17

Notes: GP = grandparent. GC = grandchild. *$p < .05$. **$p < .01$. ***$p < .001$; Notable significant correlations are **bolded.**

Table 5

Demographics, Grandfamily Characteristics, and Primary Measures: Correlations Continued

Variables	14	15	16	17	18	19	20	21	22	23	24	25	26
1. GP Age													
2. GP Gender													
3. GP Race													
4. GP Relationship Status													
5. GP Education Level													
6. GP Employment													
7. GP Income													
8. GP Religion													
9. GP Religiosity													
10. GP Rurality													
11. Number of GC Raised													
12. GC Gender													
13. Parental Involvement													
14. Custody Arrangement	-												
15. Stable Custody	-.04	-											
16. Stable Parental Involve	-.10	**.38****	-										
17. Someone Else's Care	-.04	**-.23***	**-.37****	-									
18. Caregiving Stress	.19	.16	-.06	**-.25***	-								
19. Perception of Loss	.19	**.21***	.14	**-.23***	**.76****	-							
20. Empowerment	.16	-.10	-.01	-.02	**-.28****	**-.22***	-						
21. Resiliency	.07	.13	-.01	-.02	**-.41****	**-.32****	**.43****	-					
22. P. Informal Support	-.04	.06	-.17	.07	-.06	-.09	**.36****	**.22***	-				
23. P. Formal Resources	.00	.04	**.23***	-.11	-.16	-.15	**.22***	.02	.07	-			
24. Health (before)	.03	.14	.00	-.07	.06	.06	.00	.12	.02	-.07	-		
25. Health (first 30 days)	.03	.07	-.09	.06	-.18	-.19	.13	**.26****	.17	-.04	**.54****	-	
26. Health (currently)	.07	.04	-.13	.10	-.18	-.19	.11	**.29****	.12	-.12	**.56****	**.84****	-

Notes: GP = grandparent. GC = grandchild.*:* *$p < .05$. **$p < .01$. ***$p < .001$; Notable significant correlations are **bolded.**

Regression Analyses

Multiple Regression Analyses

A series of multiple regression analyses were completed with each of the primary measures of the study as outcomes and the following predictors: grandparent age, relationship status, income, rurality, custody arrangement, parental involvement, and number of grandchildren raised. A summary of the results is provided in Table 6.

H1a: Grandfamilies where the grandparent is: (a) older, single, lower income, and residing in a rural area; (b) in a temporary caregiving situation; and (c) providing care for more grandchildren will predict higher loss and stress; lower resilience, empowerment, and perceived informal support and formal resources; and lower self-reported overall health before, within the first 30 days, and currently. H1a was only partially supported. Residence in a rural area predicted higher caregiving stress (β =.29, p = .04). Younger grandparents reported significantly higher levels of perception of loss (β =-.02, p = .01). A permanent custody arrangement predicted higher levels of empowerment (β =.21, p = .04) and any parental contact predicted higher levels of empowerment (β =.25, p = .05). Married grandparents reported higher levels of perceived informal support (β =.70, p = .02). Younger grandparents and those grandfamilies with no contact from the middle generation (i.e., the child's parents) reported lower levels of perceived formal resources (β = .02, p < .01; β = -.38, p = .05). Income level significantly predicted overall health before raising grandchildren (β =.01, p < .001) and any parental involvement predicted higher levels of overall health in the first 30 days of raising grandchildren (β =.48, p < .04).

Table 6

Summary of Multiple Regression Analyses for Demographics and Grandfamily Characteristics Predicting each of the Primary Measures

	Caregiving Stress			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	-.01	.01	-.10	.33
Grandparent Relationship Status	-.11	.15	-.08	.48
Rurality	.29	.14	.21	.04*
Income	.09	.14	.07	.53
Number of Grandchildren Raised	.07	.06	.12	.25
Custody Arrangement	.17	.13	.14	.18
Parental Involvement	-.09	.15	-.06	.54
R^2		.10		
F		1.47		
	Perception of Loss			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	-.02	.01	-.27	.01*
Grandparent Relationship Status	-.20	.19	-.12	.31
Rurality	.08	.18	.05	.64
Income	.26	.18	.16	.16
Number of Grandchildren Raised	.03	.08	.04	.67
Custody Arrangement	.19	.16	.12	.24
Parental Involvement	-.21	.20	-.11	.30
R^2		.13		
F		1.92		
	Empowerment			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	-.00	.01	-.06	.59
Grandparent Relationship Status	.06	.12	.06	.63
Rurality	-.07	.11	-.06	.57
Income	-.01	.11	-.01	.94
Number of Grandchildren Raised	-.01	.05	-.03	.79
Custody Arrangement	.22	.10	.23	.04*
Parental Involvement	.25	.13	.21	.05*
R^2		.09		
F		1.31		
	Resiliency			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	.00	.01	.02	.87
Grandparent Relationship Status	.07	.13	.06	.62
Rurality	.11	.12	.10	.36
Income	-.03	.12	-.03	.83
Number of Grandchildren Raised	.00	.05	.00	.98
Custody Arrangement	.12	.11	.12	.29
Parental Involvement	.10	.14	.08	.46

R^2		.03		
F		.37		
	Perceived Informal Support			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	-.02	.01	-.14	.16
Grandparent Relationship Status	.70	.29	.26	.02*
Rurality	.05	.27	.02	.85
Income	.14	.28	.06	.60
Number of Grandchildren Raised	.19	.12	.16	.11
Custody Arrangement	-.04	.25	-.02	.89
Parental Involvement	.35	.30	.12	.25
R^2		.16		
F		2.49		
	Perceived Formal Resources			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	.02	.01	.30	.00**
Grandparent Relationship Status	-.15	.19	-.09	.44
Rurality	-.14	.18	-.08	.42
Income	-.01	.18	-.01	.95
Number of Grandchildren Raised	.05	.08	.07	.48
Custody Arrangement	.04	.16	.02	.82
Parental Involvement	.38	.20	.20	.05*
R^2		.12		
F		1.71		
	Self-Reported Overall Health (before)			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	.01	.01	.06	.55
Grandparent Relationship Status	.32	.22	.17	.14
Rurality	-.14	.20	-.07	.49
Income	.45	.21	.25	.03*
Number of Grandchildren Raised	.07	.09	.08	.42
Custody Arrangement	.02	.18	.01	.92
Parental Involvement	.01	.23	.01	.96
R^2		.13		
F		1.97		
	Self-Reported Overall Health (first 30 days)			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	.01	.01	.06	.57
Grandparent Relationship Status	.24	.22	.12	.28
Rurality	.19	.21	.09	.36
Income	.38	.21	.21	.08
Number of Grandchildren Raised	-.02	.09	-.02	.87
Custody Arrangement	.11	.19	.06	.56
Parental Involvement	.48	.23	.21	.04*
R^2		.14		

F	2.13			
	Self-Reported Overall Health (currently)			
Variable	*B*	*SE B*	*β*	*p*
Grandparent Age	.00	.01	.02	.85
Grandparent Relationship Status	.29	.26	.13	.26
Rurality	.01	.24	.01	.95
Income	.27	.24	.13	.27
Number of Grandchildren Raised	-.07	.10	-.07	.53
Custody Arrangement	.22	.22	.11	.31
Parental Involvement	.45	.26	.18	.09
R^2	.10			
F	1.44			

Note: $*p < .05$. $**p < .01$. $***p < .001$

Hierarchical Regression Analyses

Three hierarchical regressions were completed to test the following hypothesis:

H1b: Higher loss and stress will predict lower self-reported overall health, but higher resilience, empowerment, and perceived informal support and formal resources will predict higher self-reported overall health across the caregiving duration. The following controls were entered into the first block: grandparent age, relationship status, residence (i.e., rurality), income, number of grandchildren raised, custody arrangement, and parental involvement. The following blocks added in each of the primary measures by grouping them in the following categories: (a) stressors – stress and loss and (b) resources – resiliency, empowerment, and perceived informal support and formal resources. Finally, grandparents' self-reported overall health was used as the dependent variable in three separate ways: (a) before taking over care of their grandchild (see Table 7), (b) during (first 30 days of caregiving; see Table 8), and (c) currently (see Table 9).

Hypothesis 1b was not supported. For the dependent variable of self-reported overall health before caring for grandchildren, Model 1 did not account for a significant amount of variance ($R^2 = .14$, $F(7, 90) = 1.97$, $p = .07$) and adding additional variables did not account for

a significant increase in variance in Model 2 (R^2 = .14, $F(2, 88) = .43$, $p = .65$) or in Model 3 (R^2 = .18, $F(4, 84) = 1.00$, $p = .41$). Income was the only predictor that accounted for a significant amount of variance in grandparents' self-reported overall health before caring for grandchildren in Model 1 (β =.25, $p = .03$), Model 2 (β =.24, $p = .04$), and Model 3 (β =.25, $p = .04$; see Table 6). These results indicate that as income increases, so did the grandparents' health before raising grandchildren.

For the dependent variable of self-reported overall health during the first 30 days of caring for grandchildren, Model 1 did account for a significant amount of variance (R^2 = .14, $F(7, 89) = 2.13$, $p = .05$) and adding additional variables did not account for a significant increase in variance in Model 2 (R^2 = .17, $F(2, 87) = 1.39$, $p = .26$) or in Model 3 (R^2 = .20, $F(4, 83) = .72$, $p = .58$). Parental involvement was a significant predictor in Model 1 (β =.21, $p = .04$) and Model 3 (β =.21, $p = .05$), and income was a significant predictor in Model 2 (β =.23, $p = .05$; see Table 7). These results indicate that for Model 1 and 3, those grandparents raising grandchildren with any contact from the child's parents experienced increased health during the first 30 days. For Model 2, higher income predicted higher levels of health during the first 30 days.

For the dependent variable of self-reported overall health for the grandparents currently, Model 1 did not account for a significant amount of variance (R^2 = .10, $F(7, 89) = 1.44$, $p = .20$) and adding additional variables did not account for a significant increase in variance in Model 2 (R^2 = .14, $F(2, 87) = 1.69$, $p = .19$) or in Model 3 (R^2 = .20, $F(4, 83) = 1.54$, $p = .20$). None of the independent variables in any of the models were a significant predictor of self-reported overall health for the grandparents currently (see Table 8).

Table 7

Summary of Hierarchical Regression Analysis for Self-Reported Overall Health Before Caregiving

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Grandparent Age	.01	.01	.06	.01	.01	.08	.01	.01	.06
Grandparent Relationship Status	.32	.22	.17	.34	.22	.18	.39	.23	.20
Rurality	-.14	.20	-.07	-.18	.21	-.09	-.25	.22	-.12
Income	.45	.21	.25*	.43	.21	.24*	.45	.21	.25*
Number of GC Raised	.07	.09	.08	.06	.09	.07	.08	.09	.09
Custody Arrangement	.02	.18	.01	-.01	.19	-.00	-.05	.20	-.03
Parental Involvement	.01	.23	.01	.03	.23	.01	.07	.24	.03
Caregiving Stress	-	-	-	.11	.24	.07	.22	.25	.15
Perception of Loss	-	-	-	.03	.18	.03	.00	.19	.00
Empowerment	-	-	-	-	-	-	-.06	.23	-.03
Resiliency	-	-	-	-	-	-	.34	.22	.19
Perceived Informal Supports	-	-	-	-	-	-	-.11	.09	-.14
Perceived Formal Resources	-	-	-	-	-	-	-.05	.13	-.04
R^2		.13			.14			.18	
F for change in R^2		1.97			0.43			1.00	

Note: $*p < .05$. $**p < .01$. $***p < .001$

Table 8

Summary of Hierarchical Regression Analysis for Self-Reported Overall Health in the First 30 Days of Caregiving

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Grandparent Age	.01	.01	.06	.00	.01	.02	.01	.01	.06
Grandparent Relationship Status	.24	.22	.12	.20	.22	.10	.13	.23	.06
Rurality	.19	.21	.09	.23	.22	.11	.17	.22	.08
Income	.38	.21	.21	.43	.21	.23*	.41	.22	.22
Number of GC Raised	-.02	.09	-.02	-.00	.09	-.00	-.02	.09	-.03
Custody Arrangement	.11	.19	.06	.16	.19	.08	.18	.20	.10
Parental Involvement	.48	.23	.21*	.44	.23	.19	.48	.24	.21*

Caregiving Stress	-	-	-	-.08	.24	-.05	-.06	.25	-.04
Perception of Loss	-	-	-	-.15	.19	-.13	-.13	.19	-.11
Empowerment	-	-	-	-	-	-	-.20	.22	-.11
Resiliency	-	-	-	-	-	-	.18	.23	.10
Perceived Informal Supports	-	-	-	-	-	-	.10	.09	.13
Perceived Formal Resources	-	-	-	-	-	-	-.09	.13	-.07
R^2		.14			.17			.20	
F for change in R^2		2.13*			1.39			0.72	

Note: *$p < .05$. **$p < .01$. ***$p < .001$

Table 9

Summary of Hierarchical Regression Analysis for Self-Reported Overall Health Currently

	Model 1			Model 2			Model 3		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Grandparent Age	.00	.01	.02	-.00	.01	-.03	.00	.01	.02
Grandparent Relationship Status	.29	.26	.13	.24	.26	.11	.16	.26	.07
Rurality	.01	.24	.01	.05	.25	.02	-.06	.25	-.03
Income	.27	.24	.13	.34	.24	.17	.33	.24	.16
Number of GC Raised	-.07	.10	-.07	-.05	.10	-.05	-.06	.11	-.06
Custody Arrangement	.22	.22	.11	.28	.22	.14	.29	.23	.14
Parental Involvement	.45	.26	.18	.39	.26	.16	.49	.27	.19
Caregiving Stress	-	-	-	-.07	.27	-.04	-.01	.29	-.01
Perception of Loss	-	-	-	-.21	.21	-.16	-.20	.21	-.17
Empowerment	-	-	-	-	-	-	-.28	.26	-.14
Resiliency	-	-	-	-	-	-	.38	.24	.19
Perceived Informal Supports	-	-	-	-	-	-	.07	.10	.08
Perceived Formal Resources	-	-	-	-	-	-	-.20	.15	-.15
R^2		.10			.14			.20	
F for change in R^2		1.44			1.69			1.54	

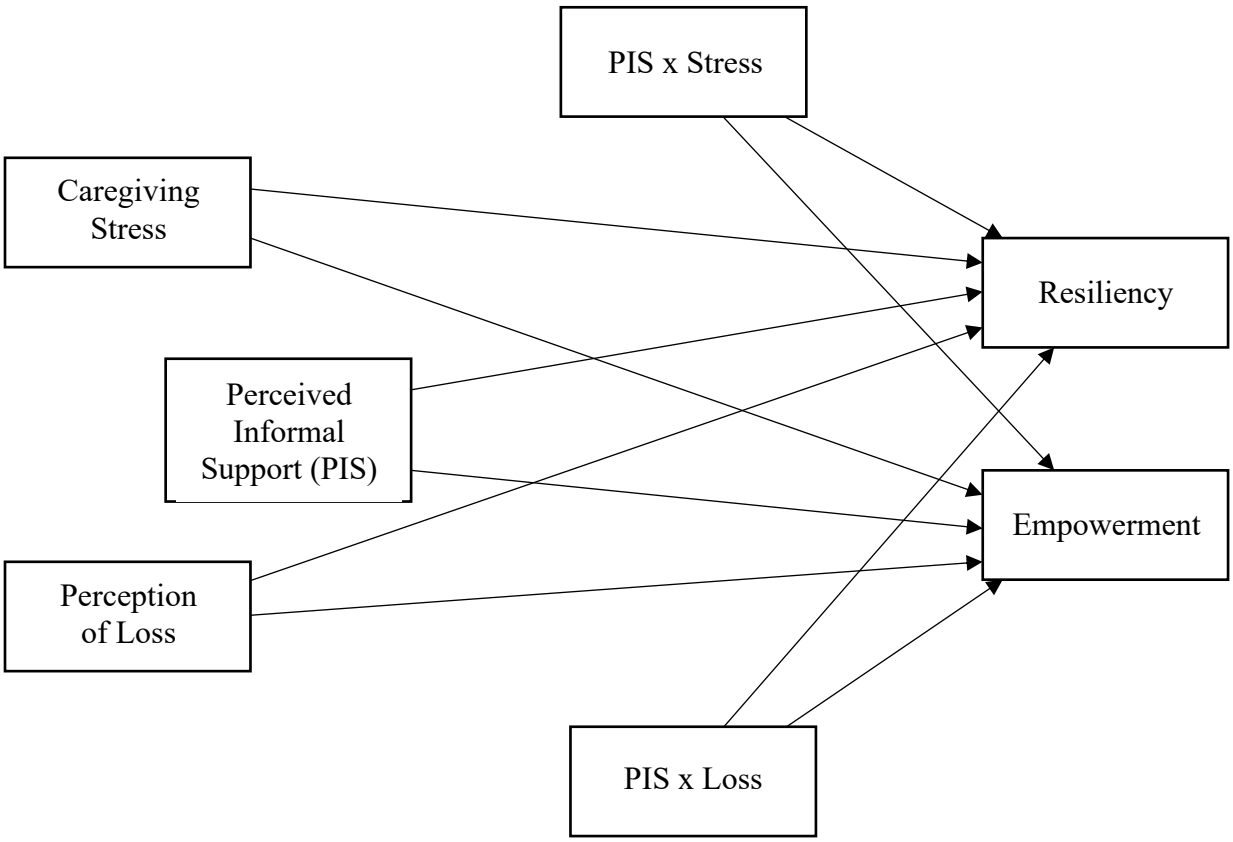
Note: *$p < .05$. **$p < .01$. ***$p < .001$

Moderation Analyses

Perceived informal support (PIS) was examined as a moderator of the relationship between caregiving stress and resilience, caregiving stress and empowerment, perception of loss and resilience, and perception of loss and empowerment using path analysis with an interaction variable. See Figure 3 for the tested model.

Figure 3

Tested Structural Equation Model of Perceived Informal Support Moderating Relationship between Stress, Loss, Resilience and Empowerment



H2a: Increased loss and increased stress will both be negatively associated with both resilience and empowerment, but perceived informal support will act as a moderator. H2a was partially supported. Results of the analysis estimating model fit indicated marginally acceptable model fit (χ^2/df = 2.69; CFI = .97; RMSEA = .13). See Table 10 for the

unstandardized, standardized, and significance levels for the tested Model in Figure 3. See Figure 4 for the final model with standardized estimates.

Table 10

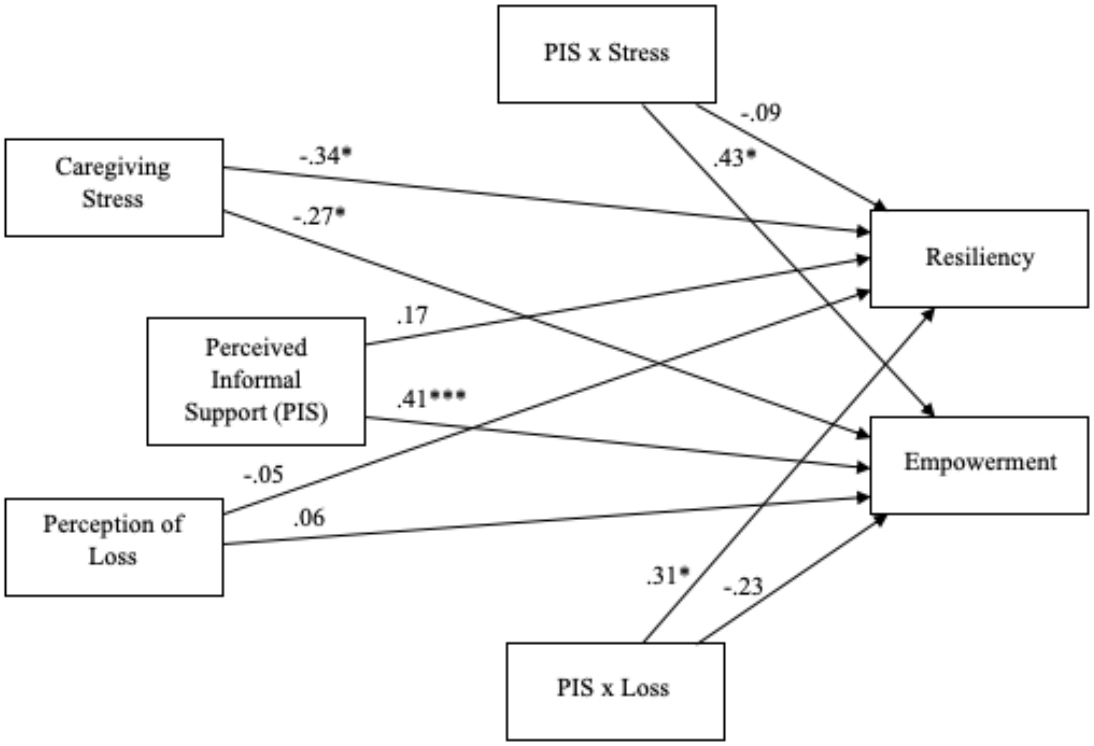
Unstandardized, Standardized, and Significance Levels for Model in Figure 3 (Standard Errors in Parentheses)

Parameter Estimate	Unstandardized	Standardized	*p*
Caregiving Stress → Resiliency	-.29 (.12)	-.34	.01*
Perception of Loss → Resiliency	-.03 (.09)	-.05	.71
Caregiving Stress → Empowerment	-.22 (.11)	-.27	.04*
Perception of Loss → Empowerment	.04 (.08)	.06	.64
Perceived Informal Support → Resiliency	.07 (.04)	.17	.06
Perceived Informal Support → Empowerment	.16 (.03)	.41	.00***
PIS x Stress → Resiliency	-.04 (.07)	-.09	.57
PIS x Stress → Empowerment	.19 (.07)	.43	.01*
PIS x Loss → Resiliency	.14 (.07)	.31	.05*
PIS x Loss → Empowerment	-.10 (.07)	-.23	.14

Note: χ^2/df = 2.69; CFI = .97; RMSEA = .13; *p < .05, **p < .01, ***p < .001

Figure 4

Final Structural Equation Model of Perceived Informal Support Moderating Relationship between Stress, Loss, Resilience and Empowerment with Standardized Estimates



Note: *p < .05, **p < .01, ***p < .001

Outcome of resiliency. Stress was inversely associated with resiliency (b = -.29, p = .01, β = -.34), loss was not significantly associated with resiliency (b = -.03, p = .71, β = -.05), and perceived informal support was positively associated with resiliency (b = .07, p = .05, β = .17). The interaction of perceived informal support and stress was not significantly associated with resiliency (b = -.04, p = .57, β = -.09), but the interaction of perceived informal support and loss was significantly associated with resiliency (b = .14, p = .05, β = .31). Therefore, perceived informal support does moderate the relationship between loss and resiliency (i.e., perceived informal support dampens the negative relationship between loss and resiliency; see Figure 5), but not stress and resiliency (see Figure 6). In fact, perceived informal support strengthens the negative relationship between stress and resiliency, but not significantly.

Figure 5

Interaction Effects for Perceived Informal Support, Loss and Resiliency

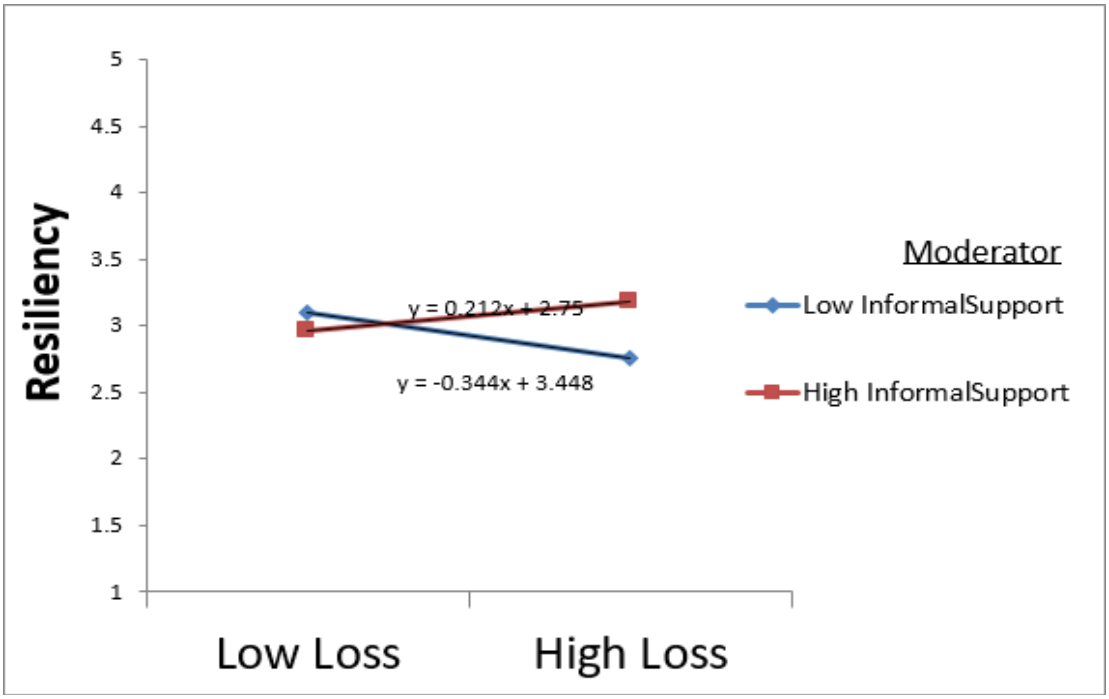
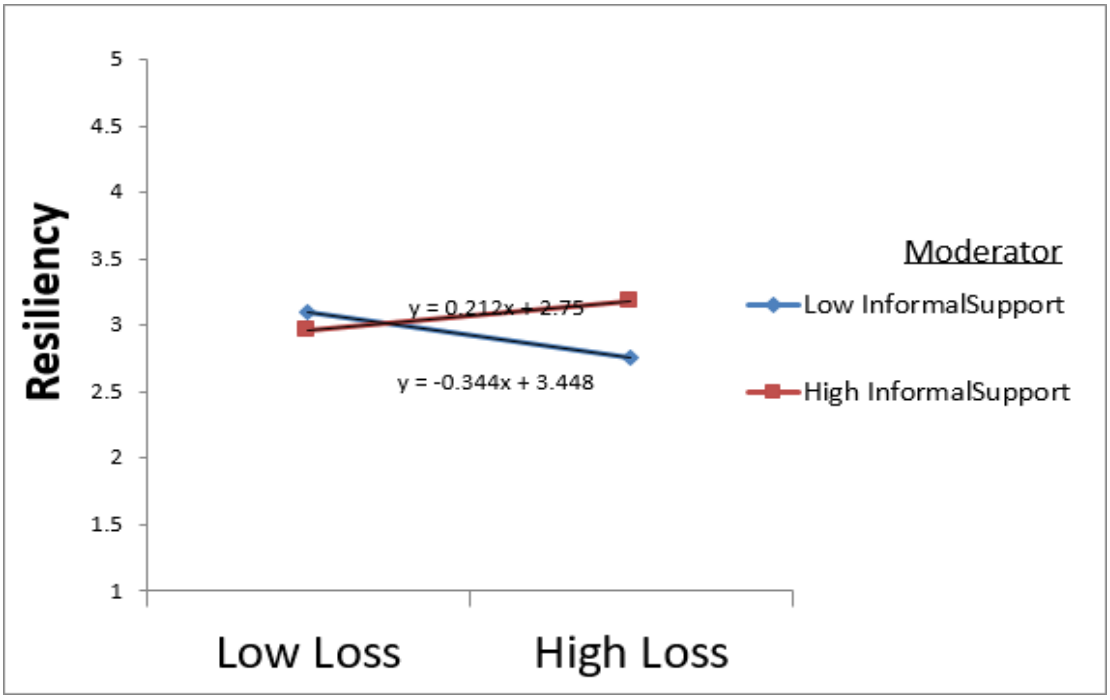


Figure 6

Interaction Effects for Perceived Informal Support, Stress and Empowerment



Outcome of empowerment. Stress was inversely associated with empowerment (b = -.21, p = .04, β = -.27), loss was not significantly associated with empowerment (b = .04, p = .64, β = .06), and perceived informal support was positively associated with empowerment (b = .16, p < .001, β = .41). The interaction of perceived informal support and stress was significantly associated with empowerment (b = .19, p = .01, β = .43), but the interaction of perceived informal support and loss was not significantly associated with empowerment (b = -.10, p = .14, β = -.23). Therefore, perceived informal support does moderate the relationship between stress and empowerment (i.e., perceived informal support dampens the negative relationship between stress and empowerment; see Figure 7), but not loss and empowerment (see Figure 8). Perceived informal support dampens the positive relationship between loss and empowerment, but not significantly.

Figure 7

Interaction Effects for Perceived Informal Support, Stress and Empowerment

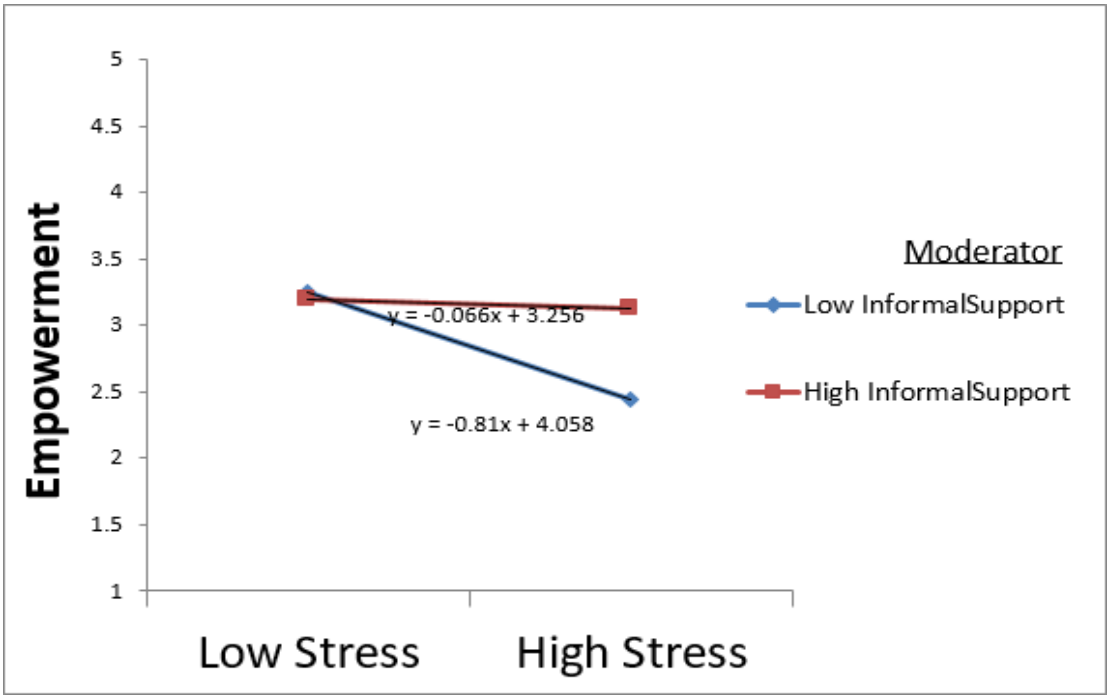
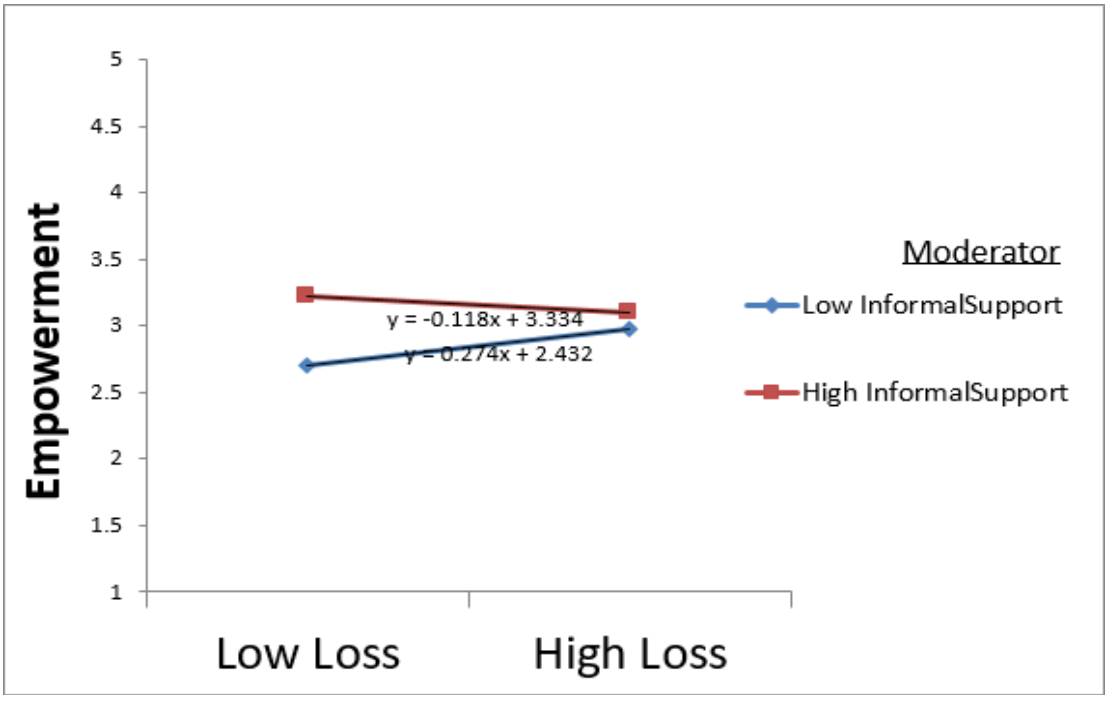


Figure 8

Interaction Effects for Perceived Informal Support, Loss and Empowerment

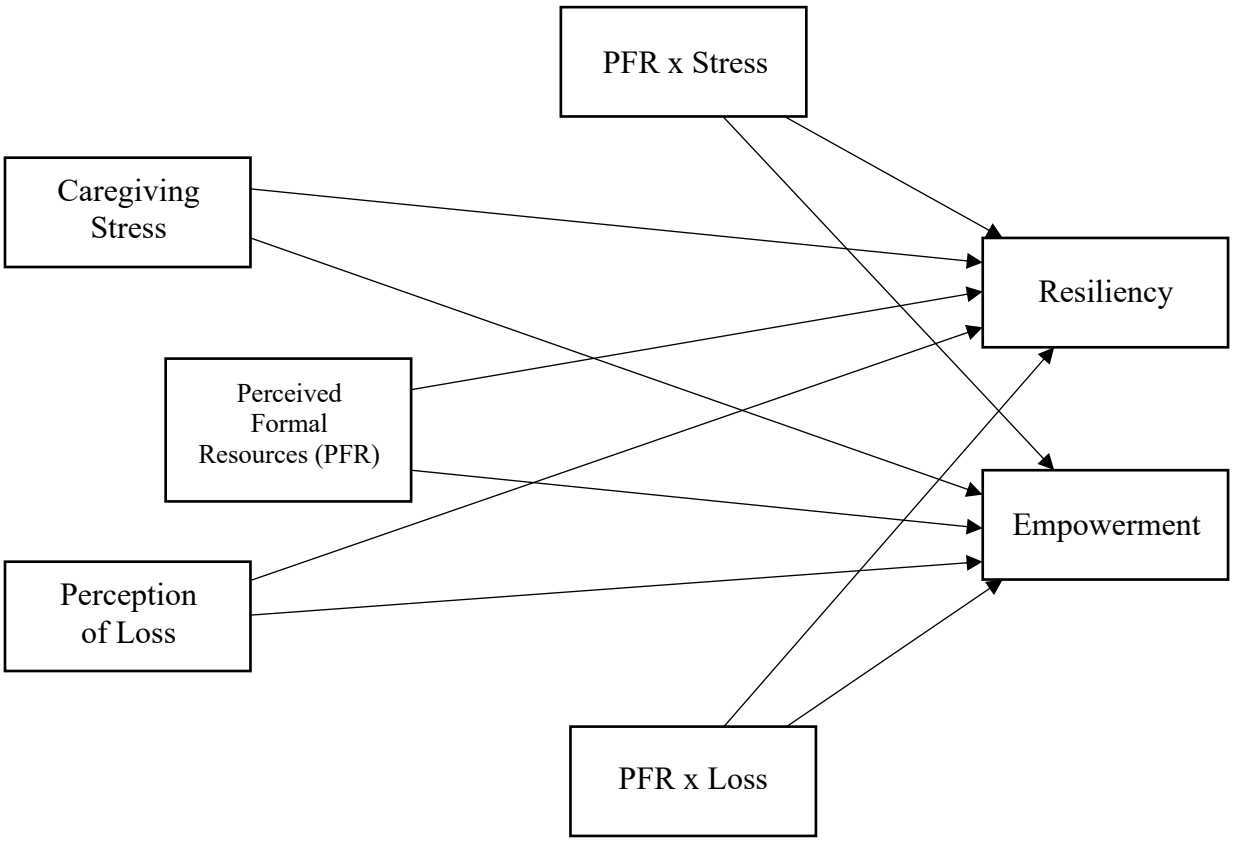


Perceived Formal Resources

Perceived formal resources (PFR) was examined as a moderator of the relationship between caregiving stress and resilience, caregiving stress and empowerment, perception of loss and resilience, and perception of loss and empowerment using path analysis with an interaction variable. See Figure 9 for the tested model.

Figure 9

Tested Structural Equation Model of Perceived Formal Resources Moderating Relationship between Stress, Loss, Resilience and Empowerment



H2b: Increased loss and increased stress will both be negatively associated with both resilience and empowerment, but perceived formal resources will act as a moderator. H2b was partially supported. Results of the analysis estimating model fit indicated acceptable model fit (χ^2/df = 1.39; CFI = .99; RMSEA = .06). See Table 11 for the unstandardized, standardized,

and significance levels for the tested Model in Figure 9. See Figure 10 for the final model with standardized estimates.

Table 11

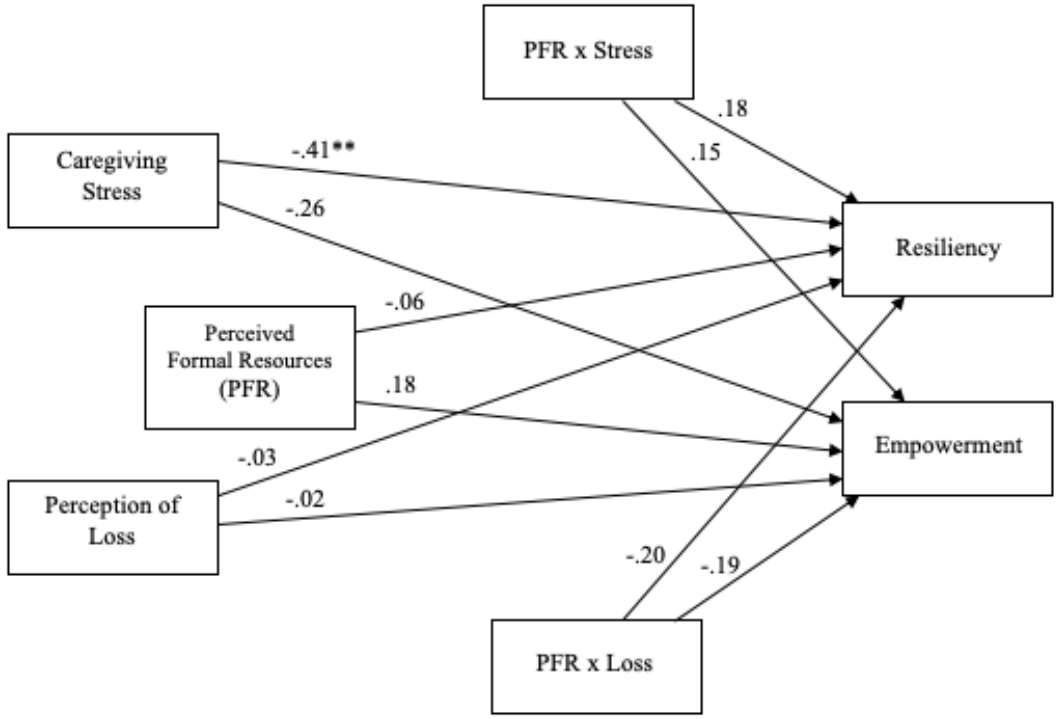
Unstandardized, Standardized, and Significance Levels for Model in Figure 9 (Standard Errors in Parentheses)

Parameter Estimate	Unstandardized	Standardized	*p*
Caregiving Stress → Resiliency	-.36 (.12)	-.41	.00**
Perception of Loss → Resiliency	-.02 (.09)	-.03	.84
Caregiving Stress → Empowerment	-.21 (.12)	-.26	.08
Perception of Loss → Empowerment	-.01 (.09)	-.02	.92
Perceived Formal Resources → Resiliency	-.04 (.06)	-.06	.54
Perceived Formal Resources → Empowerment	.12 (.06)	.18	.06
PFR x Stress → Resiliency	.10 (.08)	.18	.19
PFR x Stress → Empowerment	.08 (.07)	.15	.31
PFR x Loss → Resiliency	-.11 (.07)	-.20	.16
PFR x Loss → Empowerment	-.09 (.07)	-.19	.20

Note: χ^2/df = 1.39; CFI = .99; RMSEA = .06; *p < .05, **p < .01, ***p < .001

Figure 10

Final Structural Equation Model of Perceived Formal Resources Relationship between Stress, Loss, Resilience and Empowerment with Standardized Estimates



Note: *p < .05, **p < .01, ***p < .001

Outcome of resiliency. Stress was inversely associated with resiliency (b = -.36, p > .01, β = -.41), loss was not significantly associated with resiliency (b = -.02, p = .84, β = -.03), and perceived formal resources was not significantly associated with resiliency (b = -.04, p = .54, β = -.06). The interaction of perceived formal resources and stress was not significantly associated with resiliency (b = .10, p = .19, β = .18), nor was the interaction of perceived formal resources and loss significantly associated with resiliency (b = -.11, p = .16, β = -.20). Although, perceived formal resources dampens the negative relationship between stress and resiliency and strengthens the negative relationship between loss and resiliency, it does not do so significantly. Therefore, perceived formal resources does not moderate the relationship between stress and resiliency (see Figure 11) or loss and resiliency (see Figure 12).

Figure 11

Interaction Effects for Perceived Formal Resources, Stress and Resiliency

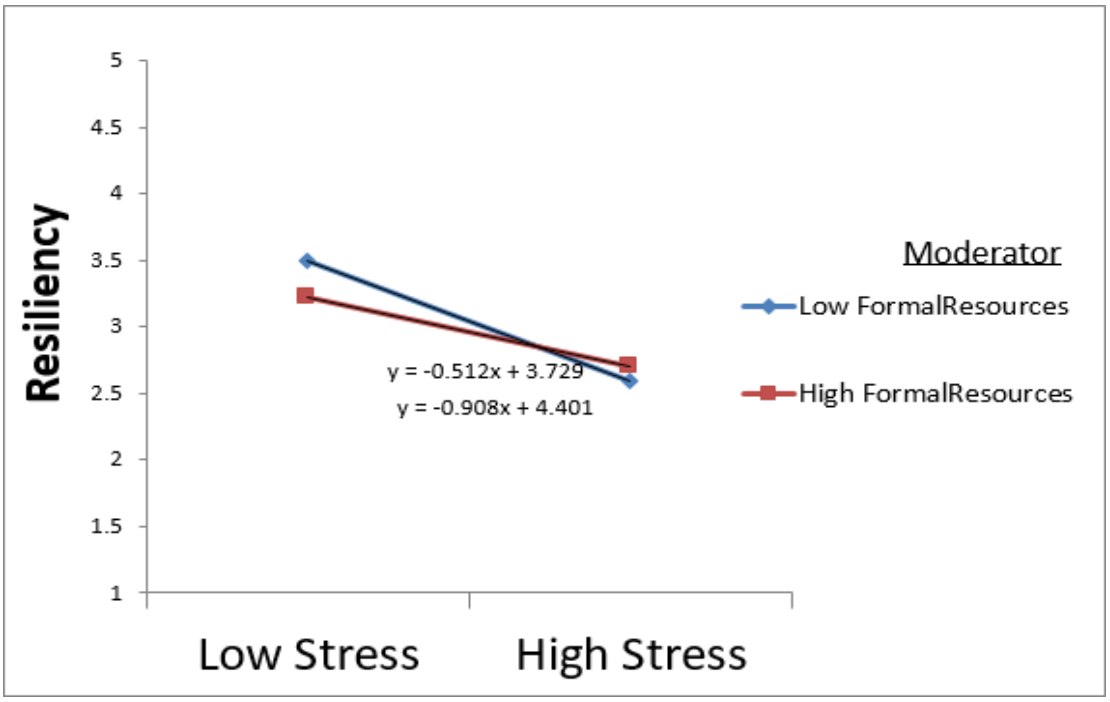
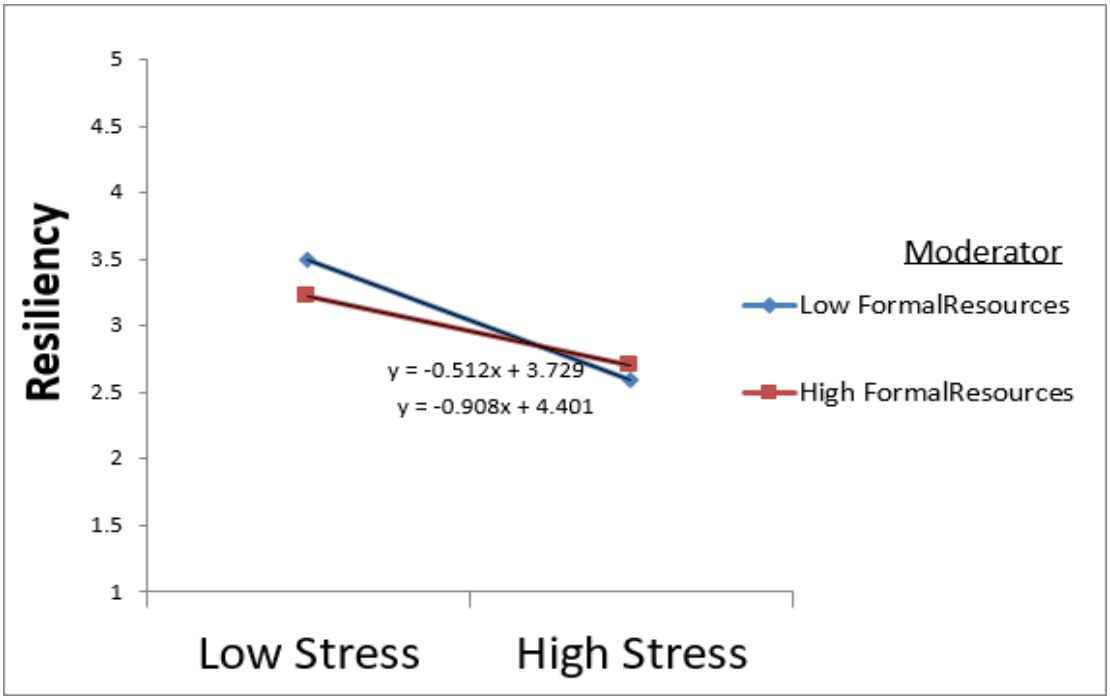


Figure 12

Interaction Effects for Perceived Formal Resources, Loss and Resiliency



Outcome of empowerment. Stress was not significantly associated with empowerment (b = -.21, p = .08, β = -.26), loss was not significantly associated with empowerment (b = -.01, p = .92, β = -.02), and perceived formal resources was not significantly associated with empowerment (b = .12, p =.06, β = .18). Neither the interaction of perceived formal resources and stress was significantly associated with empowerment (b = .08, p = .31, β = .15), nor was the interaction of perceived formal resources and loss with empowerment (b = -.09, p = .20, β = -.19). Although, perceived formal resources dampens the negative relationship between stress and empowerment and strengthens the negative relationship between loss and empowerment, it does not do so significantly. Therefore, perceived formal resources does not moderate the relationship between stress and empowerment (see Figure 13) or loss and empowerment (see Figure 14).

Figure 13

Interaction Effects for Perceived Formal Resources, Stress and Empowerment

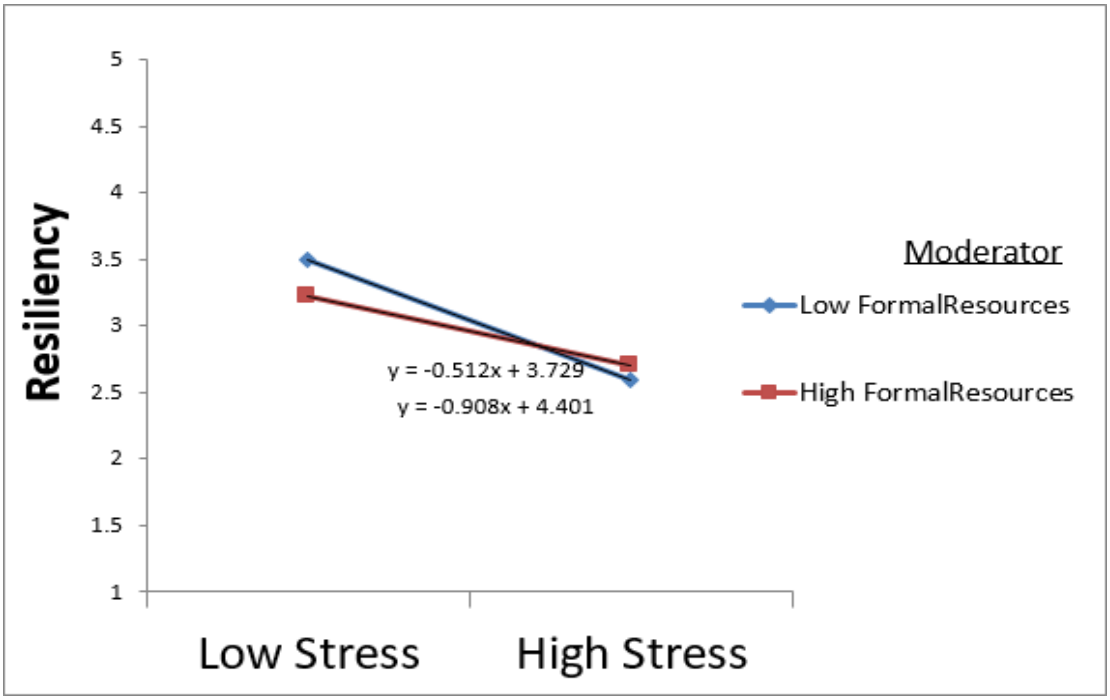
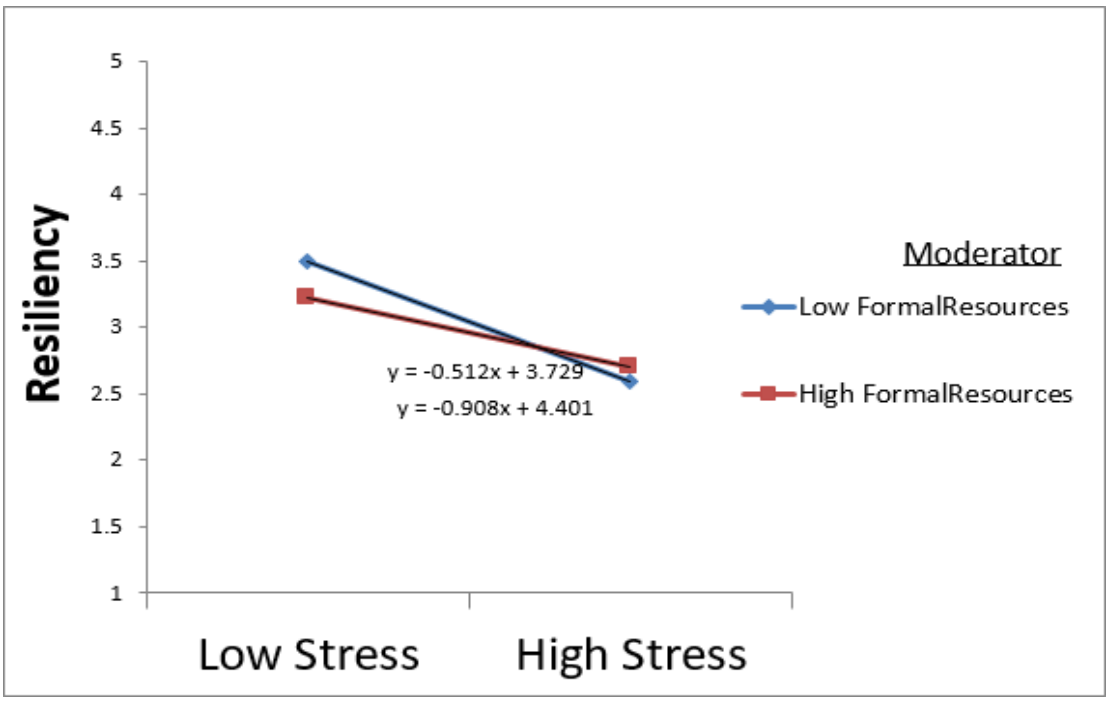


Figure 14

Interaction Effects for Perceived Formal Resources, Loss and Empowerment



Chapter 5 - Discussion

The purpose of this study was to explore the complex relationships between grandparents' perception of loss, caregiving stress, empowerment, resilience, and perceived informal supports and formal resources while considering the impact of a variety of demographics and grandfamily characteristics, and the outcome of health. This study aimed to test four hypotheses regarding the relationships between demographics, grandfamily characteristics, and a handful of primary measures (perception of loss, caregiving stress, empowerment, resilience, perceived informal support, perceived formal resources and self-reported overall health) in a sample of grandparents who are currently raising or have previously raised their grandchild(ren).

Hypothesis One

Using family stress theory, it was hypothesized that in grandfamilies where the grandparent is: (a) older, single, lower income, and residing in a rural area; (b) in a temporary caregiving situation; and (c) providing care for more grandchildren, grandparents would experience higher loss and stress; lower resilience, empowerment, and perceived informal support and formal resources; and lower self-reported overall health before, within the first 30 days, and currently. Additionally, it was hypothesized that higher loss and stress would predict lower self-reported overall health, but higher resilience, empowerment, and perceived informal support and formal resources would predict higher self-reported overall health across the caregiving duration. These hypotheses were either partially supported, or not supported at all.

In grandfamilies, certain social attributes often lead to poorer outcomes. Examples of these attributes might be race, gender, marital status, education, income level, and caregiving status (Mills et al., 2005; Whitley, Lamis et al., 2016). In this study, being single, or not married,

predicted lower levels of perceived informal support. For many custodial grandparents, having a spouse or significant other provides a main source of informal support (Littlewood et al., 2012). Additionally, income predicted overall health before raising grandchildren and in the first 30 days. Previous research has supported the idea that income is related to access to healthcare (Ansari, et al., 2007) and that access to healthcare is related to lower stress and improved health outcomes for custodial grandparents (Mills et al., 2005; Whitley, Lamis et al., 2016).

Age can be another social attribute that is related to outcomes. For example, older custodial grandparents often have less access to help and lower incomes, which can lead to higher levels of stress (Rushovich et al., 2017). In this study, being older actually predicted lower levels of loss, but it also predicted higher levels of perceived formal resources. These results contradict what one might assume about age and its relationship to feelings of loss, however, it might be that the older grandparents in our study were caring for their grandchildren longer, which allowed them to work through their feelings of loss and find a new "normal." Although this study's regression results suggested older adults raising grandchildren might experience higher perceived formal resources, Pandey and colleagues (2018) concluded older grandparents, more so than younger grandparents, need to be connected with resources to improve resiliency and self-efficacy, which might be related to empowerment (Joslin, 2009). However, older grandparents in this sample might be connected to resources for themselves, as an aging older adult, which might support higher levels of perceived formal resources. Additionally, in this study age was used as a predictor variable, but there is research to suggest it might be better suited as a moderator (Whitley, Kelley et al., 2016).

Often sources of disadvantage can compound grandparents' experience of stress and loss (Hayslip, Fruhauf et al., 2017). In this study, residence in a rural area predicted higher caregiving

stress as hypothesized. Grandparents often serve as a resource themselves for rural families (Bullock, 2004). Their increased stress while raising their grandchild(ren) might be due to rural grandparents' lack of support or resources as they often have fewer people to turn to for support and formal resources are harder to access (Bailey et al., 2019).

Custody arrangement and middle generation involvement has been an important variable of interest for researchers studying grandparents raising grandchildren (Testa, 2013). Goodman and Silverstein (2018) concluded that by removing the middle generation from the family dynamics, much of the stress was also removed. However, as previous research has shown, those grandparents providing informal care (i.e., without a formal custody arrangement) often receive less assistance from formal resources (Bailey et al., 2013; Lee, Clarkson-Hendrix et al., 2016; Lumpkin, 2008; Rushovich et al., 2017). In this study, grandparents living in a temporary caregiving situation and with no parental contact experienced lower levels of empowerment. It might be that the instability of a temporary caregiving situation and no contact from the child's parents leaves grandparents feeling unsure about their role in their grandchild's life, which might leave them feeling less empowered. However, Gladstone and colleagues (2009) found that feelings toward the middle generation often cause tensions for grandparents, not feelings of support. Additionally, no parental contact predicted lower levels of perceived formal resources. Grandfamilies who experience no contact from the middle generation might not have access to or information about resources that those with contact with the middle generation do. In a qualitative study with grandparents who were currently raising grandchildren, the middle generation often served as a liaison for resources such as WIC, food stamps, or other financial support that otherwise the grandparents would not qualify for (Piper et al., manuscript in progress).

Any parental involvement was also a significant predictor of increased grandparent health before raising a grandchild and within the first 30 days of raising a grandchild. Parental involvement has been reported in some studies as being a problem for grandparents as it causes them more stress due to the complicated family dynamics and sometimes toxic parenting environments (Dolbin-MacNab, 2006), but in other studies it has shown to serve as a support for grandparents much like a positive co-parenting relationship can for divorced families (Dolbin-MacNab et al, 2015). For many grandparents, sole custody and, therefore, responsibility of their grandchildren, can result in deterioration of their health (Chen et al., 2015). In this study, parental involvement predicted an increase in grandparents' health whereas no parental involvement predicted a decrease in grandparents' health, but only for before or during the first 30 days of caring for grandchildren. This might indicate that involved parents play a more supportive role during these times and could also be related to the transitionary period of taking over care of grandchildren during which many grandparents report higher levels of stress (Choi et al., 2016; Feldman & Fertig, 2013; Lee, Clarkson-Hendrix et al., 2016).

Previous research has supported the conclusion that stress, and loss are exacerbated by perceptions of limited resources and unmet needs, which in turn can harm grandparents' health (Hayslip & Glover, 2008; Lee, Clarkson-Hendrix et al., 2016; Whitley, Kelley et al., 2016). Additionally, in previous research, perception of resources has predicted lower levels of distress (i.e., poor mental health outcomes) above and beyond grandparent stress levels (Whitley, Lamis et al., 2016). In this study, the primary measures of stress, loss, empowerment, resilience, and perceived informal supports and formal resources were not significant predictors of health. Doley and colleagues (2015) suggested access to informal support predicts better health outcomes for grandparents raising grandchildren, but only in certain contexts (i.e., in

grandfamilies without grandchildren displaying behavioral issues). Findings like these suggest that context matters, and results may look different when all factors are not considered (Harnett et al., 2014). This study supports the conclusion that custodial grandparent health is nuanced and may or may not be related in a variety of different ways to a lot of other factors (Chen et al., 2015; Goodman et al., 2008; Hayslip, Fruhauf et al., 2017; Leder et al., 2007; Neely-Barnes et al., 2010; Whitley & Fuller-Thomson, 2016). Although the current study did not find factors like number of grandchildren in care or perceived informal support and formal resources as predictors of health like other studies have, this might be due to having good health prior to taking over the care of one's grandchild (which the majority of our sample reported having) often serving as a protective factor and buffering against negative health outcomes (Chen et al., 2015; Hayslip et al., 2015; Hayslip, Fruhauf et al., 2017).

Hypothesis Two

To further explore the relationships between the primary variables in the study, a path analysis was used to test the hypotheses that both perceived informal support and perceived formal resources would both act as moderators between the relationships of each of the stressors (caregiving stress and perception of loss) and the strengths (empowerment and resiliency). These hypotheses were partially supported.

In the analysis to test perceived informal support as a moderator, results showed an inverse relationship between stress and resiliency and stress and empowerment. This means that with higher levels of stress, grandparents might exhibit lower levels of resiliency and empowerment. Unfortunately, this can mean poor outcomes for these grandparents as resiliency and empowerment can help compensate for stress, promote positive outcomes, and buffer against negative outcomes (Dolbin-MacNab, et al., 2013). These results also indicate that those

grandparents experiencing higher levels of stress are those grandparents that might need more support and/or interventions to encourage and build skills around resiliency and empowerment (Dunn & Wamsley, 2018; Forthun et al., 2018).

The same analysis also showed a positive relationship between perceived informal support and resiliency and perceived informal support and empowerment; when grandparents report high levels of perceived informal support, they also report high levels of resiliency and empowerment. This could indicate that the perception of informal support could serve as an important role in increasing resiliency and empowerment. So, those grandparents that cannot participate in interventions to encourage and build these skills can get it from their informal networks as long as they deem them supportive.

Previous research has not found support for social support as a moderator between stress and outcomes like life satisfaction and generativity (Landry-Meyer et al., 2005). However, in this study, perceived informal support was found to moderate the relationships (i.e., dampen the negative relationship) between loss and resiliency and stress and empowerment. Therefore, when perception of loss is high and resiliency low or when stress is high and empowerment is low, perceived informal support can help mitigate those situations. These results support the importance of custodial grandparents having family and friends to support them and the importance of renegotiating social networks as those change with taking over the care of one's grandchild(ren) (Whitley, Kelley et al., 2016).

In the analysis to test perceived formal resources as a moderator, results showed perceived formal resources did not moderate any of the hypothesized relationships. The regressions in this study indicate that there are demographics and grandfamily characteristics that predict perception of formal resources. However, the path analysis indicates that in this sample

of grandfamilies, perception of formal resources might play a different role than perception of informal supports. It might be that a measurement of enacted formal resources might have been more eye-opening than perception of formal resources as there are many issues with custodial grandparents not utilizing or being unaware of the formal resources available to them (Dolbin-MacNab et al., 2013). In fact, in previous research, enacted support moderated the relationship between daily parenting hassles and grandparent life satisfaction (Gerard et al., 2006).

Theoretical and Practical Implications

The results of this study have implications for family stress theory and how it is used with families. The study supports the idea that the relationships between A, B, C, and X in the model are complex and context is important. The relationship between these variables is going to look different depending upon which family is being studied, when the variables are measured, and how the variables are measured. In this study, the stressors were considered caregiving stress and perception of loss, but in other studies they have been daily parenting hassles or needs. The resources in this study were diverse as it looked at resiliency, empowerment, and perception of support and resources, but other studies have and should continue to consider enactment of these resources. When are grandparents raising grandchildren being resilient, using their empowerment, or accessing support or resources?

There are also implications for practice. Interventions should focus on the intersectionality of context, grandfamily perception, and support to provide resources that are actually counteracting stress and loss and improving stress among grandfamilies (Hayslip, Fruhauf et al., 2017). More focus should be on supporting rural grandparents, younger grandparents, single grandparents, grandparents with no middle generation contact, and those with temporary custody arrangements. While rurality was associated with higher caregiving

stress, it was not associated significantly with perceptions of support or resources. So, what could be facilitating this relationship between living in a rural area and being more stressed? What needs do rural grandparents have that more urban grandparents might not have? Previous researchers have found support groups to be helpful and has highlighted the importance of informal support (Bundy-Fazioli, et al., 2013); more areas should be offering support groups to these families and tele-support should especially be considered for those in rural locations or with the inability to access support during typical hours. Younger grandparents reported lower levels of perceived formal resources and higher perception of loss. How does age impact the experience of raising and grandchild? Practitioners should investigate ways to further support younger grandparents raising grandchildren and consider ways to help them cope with their feelings of loss.

Practitioners also need to consider the role of the middle generation in these families. In other studies, grandparents have reported them causing more stress, but in this study having contact with the middle generation empowered grandparents and increased their level of perceived supports. Parental involvement and, not surprisingly, income were also associated with grandparent outcomes like health before raising grandchildren and health within the first 30 days of raising grandchildren. Although researchers need to sort out what type of relationships and parental contact is associated with which outcomes, practitioners need to be cognizant of what it means for the specific families they work with. Does having an involved middle generation cause more stress or does it help the families access resources? Furthermore, what role does the custody arrangement play? In this study, a permanent custody arrangement (i.e., adoption or permanent guardianship) resulted in higher levels of empowerment for grandparents.

Practitioners need to consider how they can help grandparents with temporary custody arrangements feel more empowered to seek out family, service, or community resources.

The path analysis of this study also has important implications for practitioners. Not surprisingly, caregiving stress was negatively associated with both resiliency and empowerment. Therefore, practitioners need to continue efforts to decrease caregiving stress for grandparents raising grandchildren and increase both resiliency and empowerment. It seems perceived informal support might play a very important role in these relationships. In those grandfamilies that have high perception of informal support, these networks should be educated on the experience of grandfamilies, specifically the experience of loss. For those grandparents with lower perceptions of informal support, like single grandparents, interventions should be put in place to build networks for these families.

Strengths, Limitations, and Future Directions

Despite partially supported or unsupported hypotheses, this study had many strengths. First, it considered a variety of different variables that are important to learning more about the experience of grandparents raising grandchildren. The primary measures used showed very strong reliability scores as well. The analyses done for this study only brushed the surface of what else can be done with these data to make sense of grandparents' experiences. Additionally, the sample represented about half of the states in the US, so with more data collection, it is possible the sample could be even more diverse in that way.

There are also some limitations to the study as well. First and foremost, the sample was small, and it was largely recruited through the help of service providers across the US. The small sample didn't allow for covariates to be included in the path analysis and although the sample had some diversity of being from multiple states, it also narrowed the sample to primarily those

who had at least some connection to a service provider. This bias could have easily affected their scores on some of the measures, particularly the perceived formal resources scale. Additionally, in order to consider a variety of different variables, the survey was long. As noted in previous sections, there were issues with attrition and fatigue. Although no one mentioned it and it was not discovered during any of the pilot procedures, there were also some issues with the skip and display logic in the grandfamily characteristics section, which left some of those variables unusable. Future data collection has remedied the technical issues but should consider alternative and more concise ways to gather information about the grandfamily. Having these variables would allow for more context, which has already been noted as being very important to understanding the relationship between these variables. Lastly, the variables were all gathered at one time point, but participants were directed to think retrospectively, specifically about the outcome variable – health. This can lead to some obvious flaws in accuracy with the issues around hindsight and memory.

This study has important implications for future research. For this study specifically, data should continue to be collected after appropriate changes have been made to the survey (such as, making the grandfamily characteristic section more concise and more useful). These efforts can continue to use service providers as a liaison, but ways to attract grandparents raising grandchildren who are not involved with any providers should also be considered. When considering future data analysis, options could include considering other relationships among the variables and improving sample size so that more of the context could be included in analysis through covariates. Previous research supports ideas to test other relationships among the variables, specifically where resources predict stress, not the other way around (Gleeson et al., 2016; Lee, Clarkson-Hendrix et al., 2016; Sands-Goldberg-Glen, 2000) and investigating

perceived informal support and perceived formal resources as a mediator variable instead of a moderator (Whitley, Kelley et al., 2016), which can be done with this survey and future data collection efforts.

Future research efforts should work alongside the theoretical and practical implications from this study. Many of the considerations practitioners need to make (mentioned above) are fruitful areas for future researchers to also consider. Other data collection efforts should pursue an examination of the relationships between or difference between perception of and enactment (i.e., actually utilizing) of support. Family stress theory points to the idea that resources are helping families cope and adapt to stressors, however, future research needs to investigate whether it is the family strengths that were included in this study (i.e., resiliency and empowerment), if it is informal support or formal resources, or if it is a mixture (Bachay & Buzzi, 2012). Additionally, other studies have looked at not just the existence of stress and loss and their relationships with resources, but at the actual needs of grandparents raising grandchildren (Carr et al., 2012), so it is possible that needs trump the mere existence of stress when it comes to perception of resources. These efforts should also consider alternative ways of measuring health and/or other outcomes such as life satisfaction, generativity, and psychological distress. Ideally future studies would be longitudinal in nature, measuring these measures and outcomes across the caregiving duration to see if and how things change and evolve across time.

Conclusion

The findings of this study support the use of family stress theory in exploring the experience of grandfamilies as it explored complex relationships between grandparents' perception of loss, caregiving stress, empowerment, resilience, and perceived informal supports and formal resources while considering the impact of a variety of

demographics and grandfamily characteristics, and the outcome of health. Results indicate that age, marital status, rurality, custody arrangement, and parental involvement all might play a role in predicting things like stress, loss, empowerment, perceived informal resources, and perceived formal resources. Income and parental involvement might also play a role in predicting grandparent health before and while raising their grandchild(ren). The role of perception of informal resources as it relates to loss, stress, resiliency, and empowerment indicate that having personal supports, such as family and friends, is very important for grandparents raising grandchildren. Because the role of perceived formal resources is unclear, investigation must continue in this area. Future research, utilizing this survey and other data collection methods, should continue to investigate these complex relationships and families.

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Appendix A - Quantitative Survey

SECTION 1: Inclusion criteria, Demographics, and Grandfamily Characteristics

1. Do you have any children (include step-, former step- and adopted children)?
    a. Yes
    b. No

2. If yes, how many?
    a. Biological
        i. Sons _____
        ii. Daughters _____
    b. Adopted
        i. Sons _____
        ii. Daughters _____
    c. Step
        i. Sons _____
        ii. Daughters _____
    d. Former step
        i. Sons _____
        ii. Daughters _____

3. Do you have any grandchildren OR great-grandchildren (include step-, former step- and adopted children)? Note: an adopted grandchild is one in which the parent was adopted NOT that you have adopted.
    a. Yes
    b. No

4. If yes, how many? _____
    a. Biological
        i. Grandsons _____
        ii. Granddaughters _____
    b. Adopted
        i. Grandsons _____
        ii. Granddaughters _____
    c. Step
        i. Grandsons _____
        ii. Granddaughters _____
    d. Former step
        i. Grandsons _____
        ii. Granddaughters _____
    e. Biological
        i. Great-Grandsons _____
        ii. Great-Granddaughters _____
    f. Adopted
        i. Great-Grandsons _____

ii. Great-Granddaughters _____

g. Step
   i. Great-Grandsons _____
   ii. Great-Granddaughters _____

h. Former step
   i. Great-Grandsons _____
   ii. Great-Granddaughters _____

5. Do you currently have, or have you ever had, responsibility of raising your grandchildren?
   a. Yes
   b. No

6. Please select which type of grandchild you have raised and indicate how many. Please select all that apply.
   a. Biological
      i. Grandsons _____
      ii. Granddaughters _____
   b. Adopted
      i. Grandsons _____
      ii. Granddaughters _____
   c. Step
      i. Grandsons _____
      ii. Granddaughters _____
   d. Former step
      i. Grandsons _____
      ii. Granddaughters _____
   e. Biological
      i. Great-Grandsons _____
      ii. Great-Granddaughters _____
   f. Adopted
      i. Great-Grandsons _____
      ii. Great-Granddaughters _____
   g. Step
      i. Great-Grandsons _____
      ii. Great-Granddaughters _____
   h. Former step
      i. Great-Grandsons _____
      ii. Great-Granddaughters _____

7. In what year were you born? _____

8. What is your gender identity?
   a. Woman
   b. Man
   c. Transgender Woman

d. Transgender Man
e. Not listed, please specify _____
f. Decline to State

9. Which of the following best describes your racial or ethnic identity?
    a. Native American, American Indian, or Alaska Native
    b. Asian or Asian American
    c. Black or African American
    d. European
    e. Hispanic or Latino
    f. Native Hawaiian or Other Pacific Islander
    g. Middle Eastern or North African
    h. White or Caucasian
    i. Multiracial
    j. Not listed, please specify _____
    k. Decline to State

10. Which of the following best describes your relationship status while caring for your grandchild(ren)?
    a. Single, never married, and not dating
    b. Dating and living separately from my partner
    c. Dating and living with my partner
    d. Married
    e. Married or dating and separated from my partner
    f. Widowed and single
    g. Widowed and dating
    h. Widowed and remarried
    i. Divorced and single
    j. Divorced and dating

11. What is the highest level of education you have completed or the highest degree you have obtained?
    a. Less than high school degree
    b. High school graduate (high school diploma or GED)
    c. Some college, but no degree
    d. Technical degree or apprenticeship
    e. Associate degree (2-year)
    f. Bachelor's degree (4-year)
    g. Master's degree
    h. Doctoral degree (e.g. Ph.D., Ed.D.)
    i. Professional degree (e.g. JD, MD, Psy.D., DPT)

12. What statement best describes your employment status while caring for your grandchild(ren)?
    a. Working full-time (30 hours or more per week)
    b. Working part-time (29 hours or less per week)

c. Student
d. Not working (temporary layoff)
e. Not working (looking for work)
f. Not working (retired)
g. Not working (disabled)
h. Not working (other) _____
i. Decline to State

13. Please indicate your gross household annual income while caring for your grandchild(ren).
    a. Less than $10k
    b. $10k to $19,999
    c. $20k to $29,999
    d. $30k to $39,999
    e. $40k to $49,999
    f. $50k to $59,999
    g. $60k to $69,999
    h. $70k to $79,999
    i. $80k to $89,999
    j. $90k to $99,999
    k. $100k to $124,999
    l. $125k to $149,999
    m. $150k or more
    n. Decline to State

14. What is your religion, if any?
    a. Protestant
    b. Roman Catholic
    c. Mormon
    d. Orthodox (such as Greek or Russian)
    e. Jewish
    f. Muslim
    g. Buddhist
    h. Hindu
    i. Atheist
    j. Agnostic
    k. Something else, please specify _____
    l. Nothing in particular

15. How religious would you say you are?
    a. Not very
    b. Slightly
    c. Somewhat
    d. Very
    e. Extremely

16. In which state do/did you live while caring for your grandchild(ren)? _____

17. Which of the following best describes where you reside(d) while caring for your grandchild(ren)?
    a. Urban
    b. Suburban
    c. Rural
    d. Other _____
    e. Decline to state

For the next four questions, please think about the time BEFORE you were caring for your grandchild(ren).

1. Would you say that in general your health was:
    a. Excellent
    b. Very good
    c. Good
    d. Fair
    e. Poor

2. Now thinking about your physical health, which included physical illness and injury, for how many days during the 30 days BEFORE taking over the care of any of your grandchild(ren) was your physical health not good?
    a. None
    b. Number of days __

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the 30 days BEFORE taking over the care of any of your grandchild(ren) was your mental health not good?
    a. None
    b. Number of days __

4. (If both Q2 and Q3 are "none", skip this question.) During the 30 days BEFORE taking over the care of any of your grandchild(ren), for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
    a. None
    b. Number of days __

For the remainder of the survey, or until prompted otherwise, if you have cared for your grandchild(ren) in the past, but are not currently caring for them, please think about when you WERE caring for them to answer questions. If you are currently caring for your grandchild(ren), please answer questions about you and your family presently.

SECTION 2: Please fill in the following table for each grandchild you have raised. For example, if I raised 2 grandchildren, I would complete columns "Grandchild 1" and "Grandchild 2." If you do not feel comfortable listing names, that is fine - this was only meant to help you keep track. Note: this survey will only ask you to respond about a maximum of 5 of your grandchildren that you have raised. If you raised more than that, please record the same information for each grandchild on the back of this sheet.

	Grandchild 1	Grandchild 2	Grandchild 3	Grandchild 4	Grandchild 5
Name of grandchild					
What is the grandchild's relationship to you?	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal
What is the child's current age (in years)?					
What was the child's age when you took over their care (in years)?					
How long have you been caring or did you	How many years? _____ How many months? _____	How many years? _____ How many months? _____	How many years? _____ How many months? _____	How many years? _____ How many months? _____	How many years? _____ How many months? _____

care for this grandchild?					
What is the child's gender identity?	___Woman ___Man ___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Woman ___Man ___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Woman ___Man ___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Woman ___Man ___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Woman ___Man ___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state
Which of the following best describes the child's racial or ethnic identity?	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state

The items listed below describe many reasons why grandparents may become caregivers of a grandchild. Please read the items and check all that apply to each child's case. Note: "parent" here can be referring to either your child or your child's partner.	___Parents were divorced or separated. ___Parents were not married when grandchild was born. ___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having	___Parents were divorced or separated. ___Parents were not married when grandchild was born. ___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having	___Parents were divorced or separated. ___Parents were not married when grandchild was born. ___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having	___Parents were divorced or separated. ___Parents were not married when grandchild was born. ___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having	___Parents were divorced or separated. ___Parents were not married when grandchild was born. ___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having

	emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially. ___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially. ___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially. ___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially. ___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially. ___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____
What has the custody arrangement been for this child? Choose the	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____

arrangement that applies to largest amount of time while caring for this grandchild.					
Has the custody arrangement for this child remained stable?	___Yes ___ No, please Explain	___Yes ___ No, please Explain	___Yes ___ No, please Explain	___Yes ___ No, please Explain	___Yes ___ No, please Explain
What involvement, generally, do/did the child's parents have with the child?	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently.

	___Parent stays/stayed in our home all the time.	___Parent stays/stayed in our home all the time.	___Parent stays/stayed in our home all the time.	___Parent stays/stayed in our home all the time.	___Parent stays/stayed in our home all the time.
Has the parent's involvement with this child remained stable?	___Yes ___No, please explain	___Yes ___No, please explain	___Yes ___No, please explain	___Yes ___No, please explain	___Yes ___No, please explain
Has the child ever been placed in someone else's care (not including you or their parents)?	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No
Has the child ever returned to their parent's care?	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No

SECTION 3:

Next you will be asked three questions about the reason(s) that led you to be caring for your grandchild(ren). When you answer these questions, please think about the reason(s) or event(s) that led you to be caring for your grandchild(ren).

1. When you think about the reason(s) you are caring for your grandchild(ren) how much of a loss was it to you?
   a. No loss
   b. Very little loss
   c. Mild loss
   d. Moderate loss
   e. Severe loss
   f. Extreme loss

2. When you think about the reason(s) you are caring for your grandchild(ren) how much grief have you felt?
   a. No grief
   b. Very little grief
   c. Mild grief
   d. Moderate grief
   e. Severe grief
   f. Extreme grief

3. When you think about the reason(s) you are caring for your grandchild(ren) how much stress was involved?
   a. No stress
   b. Very little stress
   c. Mild stress
   d. Moderate stress
   e. Severe stress
   f. Extreme stress

Now you will be asked three questions about the task of taking over care of your grandchild(ren). When you answer these questions, please think about the task of taking over care of your grandchild(ren).

4. When you think about taking over the care of your grandchild(ren) how much of a loss was it to you?
   a. No loss
   b. Very little loss
   c. Mild loss
   d. Moderate loss
   e. Severe loss
   f. Extreme loss

5. When you think about taking over the care of your grandchild(ren) how much grief have you felt?

a. No grief
b. Very little grief
c. Mild grief
d. Moderate grief
e. Severe grief
f. Extreme grief

6. When you think about taking over the care of your grandchild(ren) how much stress was involved?

a. No stress
b. Very little stress
c. Mild stress
d. Moderate stress
e. Severe stress
f. Extreme stress

7. When you think about taking over the care of your grandchild(ren) what were your reactions to it?

a. Neutral (neither positive nor negative)
b. Extremely positive
c. Mostly positive
d. Mixed (both positive and negative)
e. Mostly negative
f. Extremely negative

8. When you think about taking over the care of your grandchild(ren) how important was it to you?

a. Neutral (neither important nor unimportant)
b. It doesn't matter to me at all.
c. It doesn't matter much.
d. Sometimes it matters and sometimes it doesn't.
e. It matters somewhat.
f. It matters a great deal to me.

9. How much has your health changed as a result of taking over the care of your grandchild(ren)?

a. No change
b. Very little change
c. Mild change
d. Moderate change
e. Severe change
f. Extreme change

Directions: For the questions below, we would like to learn how much you agree(d) or disagree(d) with each of the statements while caring for your grandchild(ren). Please

choose a number between strongly disagree (1) to strongly agree (5) to show your level of agreement.

Statement	Strongly Disagree	Disagree	In Between	Agree	Strongly Agree
I have less time for outside interests.	1	2	3	4	5
I have less time for friends.	1	2	3	4	5
I had to or should quit my job to stay home to raise the grandchild(ren).	1	2	3	4	5
I miss the traditional grandparent relationship with my grandchild(ren).	1	2	3	4	5
I am grieving over the lost relationship with my adult child.	1	2	3	4	5
My health has suffered since assuming responsibility for my grandchild(ren).	1	2	3	4	5
My grandchild is a burden to me.	1	2	3	4	5
I have fears about what will happen to my marriage or other personal relationships.	1	2	3	4	5
I am overwhelmed by the responsibility of caring for my grandchild(ren).	1	2	3	4	5
I wish things could be different.	1	2	3	4	5
I have regrets about the way I raised my adult child.	1	2	3	4	5
I feel isolated from my peers.	1	2	3	4	5
I feel misunderstood by others not experiencing a similar situation.	1	2	3	4	5
Overall, I am less happy with life since taking over the care of my grandchild(ren).	1	2	3	4	5

Directions: Below are statements about being a grandparent caregiver. Please select how much you agree(d) or disagree(d) with each statement.

Statement	Strongly Disagree	Disagree	In Between	Agree	Strongly Agree
I am happy in my role as a grandparent caregiver.	1	2	3	4	5
There is little or nothing I wouldn't do for the grandchild(ren) I am raising, if it was necessary.	1	2	3	4	5
Caring for my grandchild(ren) sometimes takes more time and energy than I have to give.	1	2	3	4	5
I sometimes worry whether I am doing enough for the grandchild(ren) I'm raising.	1	2	3	4	5
I feel close to the grandchild(ren) I'm raising.	1	2	3	4	5
I enjoy spending time with the grandchild(ren) I'm raising.	1	2	3	4	5
The grandchild(ren) I'm raising are an important source of affection for me.	1	2	3	4	5
Raising my grandchild(ren) gives me a more certain and optimistic view of the future.	1	2	3	4	5
A major source of stress in my life is the grandchild(ren) I'm raising.	1	2	3	4	5
Raising my grandchild(ren) leaves little time and flexibility in my life.	1	2	3	4	5
Raising my grandchild(ren) has been a financial burden.	1	2	3	4	5
It is difficult to balance different responsibilities because of raising my grandchild(ren).	1	2	3	4	5
The behavior of the grandchild(ren) in my care is often embarrassing or stressful to me.	1	2	3	4	5
If I had to do it over again, I might decide not to raise my grandchild(ren).	1	2	3	4	5
I feel overwhelmed by the responsibility of being a grandparent caregiver.	1	2	3	4	5

Statement	Strongly Disagree	Disagree	In Between	Agree	Strongly Agree
Raising grandchild(ren) has meant having too few choices and too little control over my life.	1	2	3	4	5
I am satisfied as a grandparent caregiver.	1	2	3	4	5
I find the grandchild(ren) I'm raising enjoyable.	1	2	3	4	5
My grandchild(ren) exhibits behavior problems that make caregiving more stressful.	1	2	3	4	5

For the next four questions, please think about the time WHILE you were caring for your grandchild(ren).

1. Would you say that in general your health was/is:
    a. Excellent
    b. Very good
    c. Good
    d. Fair
    e. Poor

2. Now thinking about your physical health, which included physical illness and injury, for how many days during the FIRST 30 days of caring for your grandchild(ren) was your physical health not good?
    a. None
    b. Number of days __

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the FIRST 30 days of caring for your grandchild(ren) was your mental health not good?
    a. None
    b. Number of days __

4. (If both Q2 and Q3 are "none", skip this question.) During the FIRST 30 days of caring for your grandchild(ren), for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
    a. None
    b. Number of days __

For the remainder of the survey, or until prompted otherwise, if you have cared for your grandchild(ren) in the past, but are not currently caring for them, please think about when you WERE caring for them to answer questions. If you are currently caring for your grandchild(ren), please answer questions about you and your family presently.

SECTION 4:

Directions: For the questions below, we would like to learn how much you agree(d) or disagree(d) with each of the statement while caring for your grandchild(ren). Please choose a number between strongly disagree (1) to strongly agree (5) to show your level of agreement.

Statement	Strongly Disagree	Disagree	In Between	Agree	Strongly Agree
I feel confident in my ability to help my grandchild(ren) grow and develop.	1	2	3	4	5
I know what to do when problems arise with my grandchild(ren).	1	2	3	4	5
I feel my family life is under control.	1	2	3	4	5
I am able to get information to help me better understand my grandchild(ren).	1	2	3	4	5
When I need help with problems in my family, I am able to ask for help from others.	1	2	3	4	5
I make efforts to learn new ways to help my grandchild(ren) grow and develop.	1	2	3	4	5
When dealing with my grandchild(ren), I focus on the good things as well as the problems.	1	2	3	4	5
When faced with a problem involving my grandchild(ren), I decide what to do and then do it.	1	2	3	4	5
I have a good understanding of my grandchild(ren)'s behavior.	1	2	3	4	5
I feel I am a good parent.	1	2	3	4	5
I feel that I have a right to approve all services my grandchild(ren) receives.	1	2	3	4	5
I know the steps to take when I am concerned my grandchild(ren) is receiving poor services.	1	2	3	4	5
I make sure that professionals understand my opinions about what services my grandchild(ren) needs.	1	2	3	4	5

Statement	Strongly Disagree	Disagree	In Between	Agree	Strongly Agree
I am able to make good decisions about what services my grandchild(ren) needs.	1	2	3	4	5
I am able to work with agencies and professionals to decide what services my grandchild(ren) needs.	1	2	3	4	5
I make sure I stay in regular contact with professionals who are providing services to my grandchild(ren).	1	2	3	4	5
My opinion is just as important as professionals' opinions in deciding what services my grandchild(ren) needs.	1	2	3	4	5
I tell professionals what I think about services being provided to my grandchild(ren).	1	2	3	4	5
I know what services my grandchild(ren) needs.	1	2	3	4	5
When necessary, I take the initiative in looking for services for my grandchild(ren) and family.	1	2	3	4	5
I have a good understanding of the service system that my grandchild(ren) is involved in.	1	2	3	4	5
Professionals should ask me what services I want for my grandchild(ren).	1	2	3	4	5
I feel I can have a part in improving services for grandchildren in my community.	1	2	3	4	5
I get in touch with my legislators when important bills or issues concerning grandchildren are pending.	1	2	3	4	5
I understand how the service system for grandchildren is organized.	1	2	3	4	5
I have ideas about the ideal service system for my grandchild(ren).	1	2	3	4	5
I help other families get the services they need.	1	2	3	4	5
I believe that other parents and I can have an influence on services for grandchildren.	1	2	3	4	5
I tell people in agencies and government how services for grandchildren can be improved.	1	2	3	4	5

Statement	Strongly Disagree	Disagree	In Between	Agree	Strongly Agree
I know how to get agency administrators or legislators to listen to me.	1	2	3	4	5
I know what the rights of grandparents and grandchildren are under the special education laws.	1	2	3	4	5
I feel that my knowledge and experience as a grandparent can be used to improve services for grandchildren and families.	1	2	3	4	5

Directions: For each of the statements, tell me how characteristic or descriptive each of the following items is/was of you generally while caring for your grandchild. Choose one of the following responses for each item.

1 = rarely true
2 = sometimes true
3 = often true
4 = true nearly all of the time

Statement	Rarely True	Sometimes True	Often True	True Nearly All of the Time
I am able to adapt to change.	1	2	3	4
I can deal with whatever comes.	1	2	3	4
I see the humorous side of things.	1	2	3	4
Coping with stress strengthens me.	1	2	3	4
I tend to bounce back after illness or hardship.	1	2	3	4
I believe I can achieve my goals despite obstacles.	1	2	3	4
Under pressure, I think and focus clearly.	1	2	3	4
I am not easily discouraged by failure.	1	2	3	4
I think of myself as a strong person.	1	2	3	4
I can handle unpleasant feelings.	1	2	3	4

SECTION 5:

Directions: We are interested in how you feel/felt about the following statements while raising your grandchild(ren). Read each statement carefully. Indicate how you feel/felt about each statement by circling the appropriate number.

	Very strongly disagree 1	**Strongly disagree 2**	**Mildly disagree 3**	**Neutral 4**	**Mildly agree 5**	**Strongly agree 6**	**Very strongly agree 7**
There is a special person who is around when I am in need.	1	2	3	4	5	6	7
There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
My family really tries to help me.	1	2	3	4	5	6	7
I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
My friends really try to help me.	1	2	3	4	5	6	7
I can count on my friends when things go wrong.	1	2	3	4	5	6	7
I can talk about my problems with my family.	1	2	3	4	5	6	7
There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
My family is willing to help me make decisions.	1	2	3	4	5	6	7
I can talk about my problems with my friends.	1	2	3	4	5	6	7

12. How satisfied are/were you with the amount of family and friends that provide(d) you support?

1 = Very unsatisfied
2 = Somewhat unsatisfied
3 = Neither satisfied nor unsatisfied
4 – Somewhat satisfied
5 = Very satisfied

13. Community resources and services exist to meet my needs as a grandparent caregiver.
1 = Strongly disagree
2 = Disagree
3 = Neither agree nor disagree
4 – Agree
5 = Strongly agree

Directions: The following statements describe people's opinions toward using professional help or community services. To what extent do/did you agree or disagree with each of them? (1= Strongly disagree, 5 = Strongly agree).

	Very strongly disagree 1	**Strongly disagree 2**	**Mildly disagree 3**	**Neutral 4**	**Mildly agree 5**	**Strongly agree 6**	**Very strongly agree 7**
Although there are community service organizations for people with needs, I don't think they are useful to me.	1	2	3	4	5	6	7
I would feel uneasy going to get help from community service organizations because of what some others might think.	1	2	3	4	5	6	7
If a good friend asked my advice about a personal problem, I might recommend that he or she see a professional.	1	2	3	4	5	6	7
There are always some difficulties or problems that a person is not likely to resolve alone and needs help from community service organizations or professionals.	1	2	3	4	5	6	7
I don't like other people to know about your personal problems or difficulties.	1	2	3	4	5	6	7
A person should work out one's own problems, getting	1	2	3	4	5	6	7

	Very strongly disagree 1	Strongly disagree 2	Mildly disagree 3	Neutral 4	Mildly agree 5	Strongly agree 6	Very strongly agree 7
professional support would be the last resort.							
If I thought I needed professional help, I would get it no matter what others might think.	1	2	3	4	5	6	7
People with a strong character can get over personal problems by themselves and would have little need for community services.	1	2	3	4	5	6	7
There are times when I have felt completely lost and would have welcomed professional advice for personal problems.	1	2	3	4	5	6	7
I would rather get help from my friends then from community service agencies.	1	2	3	4	5	6	7
It's difficult to talk about personal issues with strangers.	1	2	3	4	5	6	7
For any problems or difficulties, I would rather get help from community service professionals or organizations then from my friends or relatives.	1	2	3	4	5	6	7

SECTION 6: Health

For the next four questions, please think about your health as you are CURRENTLY.

1. Would you say that in general your health is:
    a. Excellent
    b. Very good
    c. Good
    d. Fair
    e. Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the PAST 30 days was your physical health not good?

a. None
b. Number of days __

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the PAST 30 days was your mental health not good?
a. None
b. Number of days __

4. (If both Q2 and Q3 are "none", skip this question.) During the PAST 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
a. None
b. Number of days __

THANK YOU FOR COMPLETING THE SURVEY!

- Before you go, please let me know how you heard about this survey. This will help me identify ways to reach grandparents raising grandchildren in the future.

Thank you for participating in this research study. Our goal for this research is to better understand grandparents' experience of grief, loss, stress, resilience, empowerment, and informal and formal supports while raising their grandchild(ren). We are also interested in how things like grandfamily characteristics (e.g.., how long you've been caring for your grandchild(ren), why you're caring for your grandchild(ren), etc.) and demographics (e.g., sex, age, race/ethnicity, etc.) affect this experience. Also, we are interested in understanding how these experiences affect a grandparent's health. This study is one small step to answering our questions and to providing better support to families like yours so thank you, again, for taking the time to help us. We also plan to conduct another research study in the future. Would you like us to contact you to participate in this study? If yes, please know that providing your phone number or e-mail address no longer keeps your responses to this survey anonymous.

_____Yes, please leave either a phone number or e-mail address _____

_____No

	Grandchild 1	Grandchild 2	Grandchild 3	Grandchild 4	Grandchild 5
Name of grandchild					
What is the grandchild's relationship to you?	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal	___Grandchild ___Great-Grandchild ___Biological ___Adopted ___Step ___Former Step ___Maternal ___Paternal
What is the child's current age (in years)?					
What was the child's age when you took over their care (in years)?					
How long have you been caring or did you care for this grandchild?	How many years? _____ How many months? _____	How many years? _____ How many months? _____	How many years? _____ How many months? _____	How many years? _____ How many months? _____	How many years? _____ How many months? _____
What is the	___Woman ___Man	___Woman ___Man	___Woman ___Man	___Woman ___Man	___Woman ___Man

child's gender identity?	___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state	___Transgender Woman ___Transgender Man ___Not listed, please specify _____ ___Decline to state
Which of the followin g best describes the child's racial or ethnic identity?	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state	___Native American, American Indian, or Alaska Native ___Asian or Asian American ___Black or African American ___European ___Hispanic or Latino ___Native Hawaiian or Other Pacific Islander ___Middle Easter or North African ___White or Caucasian ___Multiracial ___Not listed, please specify_____ ___Decline to state
The items listed below describe many reasons why	___Parents were divorced or separated. ___Parents were not married when grandchild was born.	___Parents were divorced or separated. ___Parents were not married when grandchild was born.	___Parents were divorced or separated. ___Parents were not married when grandchild was born.	___Parents were divorced or separated. ___Parents were not married when grandchild was born.	___Parents were divorced or separated. ___Parents were not married when grandchild was born.

grandparents may become caregivers of a grandchild. Please read the items and check all that apply to each child's case. Note: "parent" here can be referring to either your child or your child's partner.	___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially.	___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially.	___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially.	___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially.	___Parent was a teenage when grandchild was born. ___Parent had problems with drugs. ___Parent had problems with alcohol. ___Parent worked full-time. ___Parent worked part-time. ___Death of parent(s). ___Did not want grandchild in daycare or sitter's house. ___Wanted grandchild to attend school in my school district. ___Wanted grandchild to receive medical help without any delay. ___Parent neglected child. ___Parent went back to school. ___Parent was having emotional problems. ___I didn't want my grandchild in a foster home. ___I wanted to help parent(s) financially.

	___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____	___Parent was in trouble with the law. ___Parent was incarcerated. ___Parent was physically ill. ___Parent was abusive to child. ___Parent was having mental problems. ___Providing care gave me something to do. ___I just love being with my grandchild. ___Parent was active duty military. ___Other, please specify _____
What has the custody arrangement been for this child? Choose the arrangement that applies to largest amount of time while caring for this	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____	___Temporary ___Permanent ___Adopted ___No legal status ___Other, please specify _____

grandchild.					
Has the custody arrangement for this child remained stable?	___Yes ___ No, please Explain	___Yes ___ No, please Explain	___Yes ___ No, please Explain	___Yes ___ No, please Explain	___Yes ___ No, please Explain
What involvement, generally, do/did the child's parents have with the child?	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently. ___Parent stays/stayed in our home all the time.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently. ___Parent stays/stayed in our home all the time.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently. ___Parent stays/stayed in our home all the time.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently. ___Parent stays/stayed in our home all the time.	___No contact. ___Occasional supervised visitation. ___Regular supervised visitation. ___Regular unsupervised visitation, but no overnight stays at parent's home. ___Regular unsupervised visitation and overnight stay at parent's home. ___Parent stays/stayed in our home occasionally. ___Parent stays/stayed in our home frequently. ___Parent stays/stayed in our home all the time.
Has the parent's involvement with this child	___Yes ___No, please explain	___Yes ___No, please explain	___Yes ___No, please explain	___Yes ___No, please explain	___Yes ___No, please explain

remained stable?					
Has the child ever been placed in someone else's care (not including you or their parents)?	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No
Has the child ever returned to their parent's care?	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No	___Yes, please explain ___No